THE

# ADDRESS IN MEDICINE.

*Delivered before the Annual Meeting of the British Medical Association, at Birmingham, in August, 1872.*

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(*Concluded from p.* 181.)

NEXT to the evil of allowing some metaphysical idea to influence our mind is the fault of taking a scientific fact or principle and making it explain a number of obscure phenomena without our possessing any data to guide us as to the correctness of the application. With one, a chemical theory is made to solve all abstruse questions in physiology and pathology; with another, cell-growth can do the same; and with a third, a nervous influence can accomplish all things. Look, for example, what a remarkable experiment of Bernard has done for us. He divided the sympathetic in the neck of a rabbit, causing the temperature to rise and the part to become more vascular. It seemed clear from this experiment that the vascular supply is dependent on nerve influence, and thus we are introduced into a new domain of vaso-motor and trophic nerves. What has been the consequence? Every ingenious man has sat down in his study and assisted to flood medical literature with explanations of physiological action, morbid processes, or the therapeutic operation of medicines founded on the theory. Nearly every disorder of the nervous system, be it of an apoplectic or convulsive nature, as well as a large number of other morbid phenomena, can be now accounted for on the theory of an altered vascular supply through the vaso-motor nerves. The operation of many drugs is now made apparent by the influence they exert on nutrition through these nerves, the only difficulty being in the fact that the medicines have different actions, whereas the vessels are only susceptible of dilatation or contraction. It is for this reason that theoretical men have found strychnia and belladonna the two great agents for rousing and depressing the nerve-centres, thus enabling them to hold in their grasp the maladies supposed to be dependent on their rule. This great idea has been much simplified by substituting heat and cold; and thus these nerve-governing powers of the human body being stimulated to increased action by the one, or their over-activity controlled by the other, every single complaint to which the human body is liable can now be cured, and all by means of spine-bags. I take this as one example of our eagerness for more knowledge; there are very few on this earth who are presenting us with new facts, or, rather, revealing to us some hitherto hidden secret of nature; and when they do bestow upon us the result of their labours, we grasp it, we hug it, we cannot make enough of it, until in the end we all become ridiculous. What we want are more facts and more truth; the praise cannot be too great which is bestowed on those who are silently working in their laboratories for our advantage. It is more light and knowledge that we want. I might here remark that I believe it is due to the suppression of theory and keeping to facts which has placed the Pathological Society of London in so eminent a position; and, to my mind, the more it has kept to dry morbid anatomy, the more successful has it been. Those who talk of grouping together facts, and speak of our dead pathology, can scarcely be aware of the material which is required before this can be done. How much do we know, I might ask, of the changes in the brain, spinal cord, and ganglionic system, so as to associate them with living symptoms? The whole lies before us as an undiscovered country,—so difficult does it seem to keep the great dictum of Bacon before us, and regard ourselves as the interpreters of Nature, and not invent false theories to ourselves, which are only "the children of an idle brain." I believe Ruskin is not far wrong when he says: "The more I think of it, the more I find this conclusion impressed upon me—that the greatest thing a human soul ever does in this world is to see something and tell what it saw in a plain way. Hundreds of people can talk for one who can think, but thousands can think for one who can see."

If, then, we are struggling on, our facts scanty, our pathological ideas narrow or false, how is it possible that the art of cure can have a scientific basis? I have ever maintained, and must do so still, that our treatment at present is necessarily empirical. Even those who maintain the contrary, and found their opinion upon the newly-discovered property of a drug to-day, are tacitly admitting that they must have worked in ignorance yesterday. A scientific treatment appears to me to require a thorough knowledge of disease to understand the meaning of the symptoms, and then to have a better acquaintance with the action of drugs. Why, look at the pulse; everyone can feel a pulse and understand its indications, except some of those clear-sighted men with whom we sometimes meet, and who declare that it takes a lifetime to understand its significance. Think for a moment of the pulse and some of the more evident circumstances which must influence it, or rather regard it as the resultant of a number of forces variously combined; why, the machinery is far more complex than any you manufacture in this town. There is the ventricle itself, affecting the pulse by the force, number, and regularity of its beats; then there is the condition of the orifice; then of the bloodvessel, its size and elasticity; next, the state of the channels into which the fluid flows; again, the receptacles beyond them, and their facility or not of receiving the current of blood; then there is the quality of the blood itself; and, lastly, the intensity of the controlling influence over all. That all these conditions, and even more, are at work, is seen by the varied tracings of the sphygmograph, the importance of which a distinguished physician of this town (Dr. Foster) was one of the first to recognise. Now, I apprehend a true knowledge of the pulse would be the facility of appreciating how any one of these conditions mentioned was at fault; and a scientific treatment would be the appropriate remedy for it. I consider the pulse as a case showing the difficulty in acting on scientific principles; for, supposing the sphygmograph should now enable us to administer appropriate treatment, it shows that my proposition was true before its discovery. My great objection to the idea of scientific therapeutics is, that it necessarily implies acquaintance with diseased action as well as the meaning and importance of symptoms. What, for example, is the scientific treatment of cholera? "To try and check the fatal discharge," says one; "To let it flow," says another. In the meantime, and whilst the scientific question is being solved, I consider it a disgrace to the profession that we are not yet agreed as to the best hygienic methods under which the greatest number get well. What, again, is the scientific treatment of fever? This a few years ago would have been considered decided, if unanimity implied truth; for, amongst other rules, it would have been strictly laid down that, whilst the patient should have fresh air, he must by no means be chilled. This idea, however, seems to be a mere phantasm of the human brain, for we now hear that placing the patient in a cold bath is the most successful scientific treatment. So opposed to our notions does the advisability of placing a patient in a cold bath seem, that he who had attempted it years ago would have almost regarded himself as a murderer had the patient died; yet now the treatment is considered rational. As matters of minor consideration in this same disease, we daily ask ourselves whether it is better or not to encourage the sweating; whether it is better or not to remove the articular inflammation; and we make the same inquiries with regard to many other diseases. Whilst we are asking these questions, and obtain no reply in our present state of ignorance of the signification of symptoms, we point to the man who can show the greatest number of cures as the best practitioner, who is content at present with knowing that he has a large number of valuable drugs in his Pharmacopœia, which he finds eminently useful in particular cases; first having made the diagnosis, and then administering the drug. I believe that all reasoning on the matter naturally leads to my conclusion; but, if I look around and see what is practically being done, I feel no doubt of the justice of my remark. I see that the best advisers are those who most skilfully lead their patients through a difficult illness, guided only by experience; whereas I, on the contrary, see the very worst practitioners

and the most ignorant those who act on fancied scientific principles. Again, extra-professional persons, who have no knowledge whatever of medicine, are they who are almost exclusively influenced by that kind of reasoning which is styled scientific. A sick man, you know, does not like to take his physic blindly; he will know the why and the wherefore of its administration; and the more clear it is to him that the medicine is to act on this organ, or relieve this or the other symptom, with the greater pleasure does he swallow the dose. The whole train of reasoning must be wrong in such a case, but that is of little consequence to him. All quackery has for its basis science falsely so called, and it is because of this that uneducated persons are mostly influenced by those who purify the blood or put fresh vitality into the nerves. I may say, moreover, that all quack systems, as well as the worst methods within the pale of orthodoxy, proceed upon the plan of treating symptoms. The more closely a medical man adopts this method, wittingly or not, the nearer does he approach the charlatan.

If what I have been saying be true, that changes in the body come about slowly and insidiously, our duty is rather to study how to check their progress, and not to devote ourselves to the treatment of the mere phenomena of the disorder. In so-called gouty persons, with malassimilation and tendency to articular inflammation and deposits of uric acid, much harm is often done by the continual use of alkalies, which often merely cover the presence of the gravel without in any way removing it; or, if the great toe be especially treated, the cause may still remain. When the body has relieved itself by these portals, it may show that the outward and visible signs, in the form of symptoms, are not to be meddled with. This, which has long been recognised in the case of gout, may be applicable to other diseases, and the relief expressed by a symptom be much greater than could be accomplished by medicine.

"Tho' when small humours gather to a gout,
The doctor fancies he has driven them out."

I think few would hesitate in saying that the medical man is doing much more for his gouty patient by prescribing a suitable regimen and medicine of that kind which operates on the assimilative organs than by attempting to relieve particular symptoms. In like manner in a case of early phthisis, he would render better service by advising a particular conduct of life than by giving his attention to petty ailments. In acute affections the same may be said: he who treats a typhoid fever, having regard to its natural course and phenomena, would be more likely to meet with success than he who, as was done in past times, meddled with the various organs of the body, and should order vinegar rags for the head, expectorants for the chest, and astringents for the bowels. Some of our methods, without appearing so, may be equally absurd as, for example, what was once proposed to me in a case of strangulated hernia, to defer the operation until the sickness had ceased. Our object should be to get behind the symptoms, and thus obtain a fair view of the case. Some of the most lamentable spectacles I witness occur in cases of nervous people, who, being treated according to their special wants, have procured for themselves a permanent place on the doctor's sick list. It is quite true that patients do not want to know anything about pathology: they have their aches, pains, and troubles, and for these they seek advice. It is, of course, the province of the medical man to heed these troubles, and endeavour to relieve them; but, nevertheless, I contend it is his duty to take, if he can, a just and comprehensive view of the whole case, and, whilst administering to the wants of the patient, yet not forget his high calling as a scientific man, and act for the general welfare of his patient and of society. He who simply pleases his patient by attending to local troubles, and does nothing but satisfy the prejudices and ignorances of the public, either has not learned the greater truths which his art and science contain, or is simply converting a noble profession into a trade. If the history of particular minds be identical with the history of the race, we shall find the mass of the public is in accord with the least scientific in our profession. A layman recommends a remedy for a symptom, and offers his friends a medicine for the spasms or a pill for the liver complaint, and so on. All quacks knowingly and systematically pursue the same course; and the least educated in the profession unwittingly follow a similar method. This is the explanation of such men doing large practices: their ignorance is a means towards success. In the history of the world we see savage nations attempting to exorcise particular pains, having of course no knowledge of their cause. At a later period symptoms are treated; but in proportion to the advances of medicine as a science is the attempt at a wider generalisation being constantly made. If scientific treatment had been at the present day in any way perfected, how were it possible that, within a few years, bromide of potassium, carbolic acid, and chloral, should become in turn universal medicines? If any fact were required to prove the absence of scientific system in the treatment of disease, it would be the universal administration of chloral: every patient has some bodily uneasiness, or is sleepless, and thus presents symptoms suggesting its use. It is a powerful benumber; but benumbing the sensibilities and paralysing your patient is not curing his complaint. If a man be raving mad, and you knock him down and stun him, he will be quiet, and you may praise highly the dose which you have given him. The practice might thus be developed into a valuable therapeutic agent, and a trained boxer might give blows on the head of different degrees of force according to the strength of the dose ordered by the prescriber. The method would hold rank with the universal administration of chloral, and, in the hands of an expert, might perhaps be more safe.

I cannot leave the subject of treatment without adverting to a method of practice which, I believe, is far from uncommon, and which some delude themselves is philosophic. We are called to a patient, and we feel extreme doubt as to the best plan of action: two opposite methods of treatment pass through our minds. The case may be one of pneumonia; and we are considering, on the one hand, the value of depletory measures, and, on the other, of stimulating; we halt between two opinions, and, silently saying "*in medio tutissimus ibis*," adopt a compromise. Now, if, being in doubt, we did nothing, there would be reason in the plan; but to propose to oneself two methods and split the difference, is to adopt a treatment which I take to be most unscientific.

A very natural result of the instinctive feeling which all persons have to gain relief for their individual troubles without giving a thought to the deeper question of the cause of them, is seen in their endeavours to compel medical men to give their undivided attention to particular parts of the body: I cannot say particular complaints, for of these the public know nothing; but to particular organs and symptoms. They thus insist on one medical man devoting his powers to the heart, another to the kidney, another to paralysis; and, if he do not choose to obey their behest, the public, if they seek advice from him, are pleased to ticket him with the name of kidney or liver doctor, according to the organ they believe to be at fault. Is the public right in its demand, and the profession in submitting to it? If what I have already said be true, there can only be one answer. If the greater insight into the mechanism of man and the morbid changes to which his body is liable oblige us to take an increasingly comprehensive view of disease and its treatment, the idea of chopping up the body into separate parts must be strongly deprecated. Who would be most likely to possess the more correct view of the nature of cancer—he who saw it in some of its external forms only in a cancer hospital, or he who in a general hospital would meet with it in all parts of the body, and had an opportunity of comparing it with other morbid growths? It may be asked, Has not scientific advance encouraged specialism? I should say, decidedly not. If history showed that the more comprehensive method was adopted in ignorant times, and that a higher civilisation had brought with it the division of the art into sections, I would submit to the fallacy of my argument; but my reading of history proves the contrary. The votive offerings in our British Museum are monuments to the special cures practised by the Greek medical men; and in Egypt, we are told by Herodotus, every place was full of physicians, there being some doctors for the eyes, others for the teeth, some for the head, and others for the belly. If we read what was taking place in our own country a hundred years ago, we shall find this so-called division of labour carried to a much greater extent than now. Thus Goldsmith writes: "In other countries, the physician pretends to cure diseases in the lump. The same doctor who combats the gout in

the toe, shall pretend to prescribe for a pain in the head; and he who at one time cures a consumption, shall at another give drugs for a dropsy. How absurd and ridiculous! This is being a mere Jack of all trades. Is the animal machine less complicated than a brass pin? Not less than ten different hands are required to make a brass pin; and shall the body be set right by one single operator? The English are sensible of this force of reasoning; they have one doctor for the eyes, another for the toes; they have their sciatic doctors and inoculating doctors; they have one doctor who is modestly content with securing them from bug-bites, and five hundred who prescribe for the bite of mad dogs." Other contemporary writing will show that there was good reason for drawing this picture; and, if it in any way approaches the truth, it is evident that the fondness for specialties has been waning, and a larger view of the practice of medicine, founded on a more scientific basis, is taking its place. With the progress in our science and art, this meddling with particular organs and symptoms has decreased; and this is what might have been expected, if the method were shown to be due to a lesser knowledge than exists at the present day. The division of our art into specialties, according to the manner of the Egyptians, is antiquated and unphilosophic. If so, the public suffer from their exactions. If they oblige a man to devote all his time to the skin, they reap the reward when they find a necrosed bone cannot be cured by arsenic. If they compel a man to give all his time to gout, they should not quarrel with him if he cannot reduce a dislocated thumb by potash-water; or, if they oblige a third to do nothing but look down their throats, it is their own fault when they discover that their best days are passed for taking good advice for their phthisis. I would not say for a moment that a physician or surgeon should not devote more attention to one subject than another. In fact, whether he chooses it or not, his own turn of mind will incline him to do so; and, if this be the case, his advice will naturally be sought in the department in which he has most studied; but, having a knowledge of the whole range of disease, he is not likely to be misled or foolish enough to treat one symptom without considering its bearing upon others. The evil of so doing is less likely to occur now than formerly; for an ophthalmic surgeon may divine that blindness can arise from causes remote from the eye; and the obstetric physician knows that, with a highly nervous or hypochondriacal woman, his whole thoughts need not be given to the uterus; and thus, at the present time, every author of note detaches hysteria from any necessary disturbance of the womb. Should, however, an exclusive attention be given to this organ, absolute harm to the patient may result; and one feels often sorry to witness many cases of morbid irritability of body perpetuated by it. One of the few specialties where a long and extended experience enables the professor to gain a larger knowledge than the mass of medical men can possess is mental disease; but this is one of the few least patronised by the public. At least, from my own observation it has seemed that, when a man's mind is going wrong, the last person whose aid he seeks is the "mad doctor." The division into medicine and surgery, even, has its evils; and thus I am convinced that the best advisers for the people at large are the general practitioners.

Not only does the profession suffer in its true scientific dignity by its being divided—not only do those who seek advice often meet with disaster; but the poorer portions of the community suffer from the diversion of benevolence into wrong channels. It is a standing disgrace to England, and especially to London, that so little is contributed towards the maintenance of general hospitals. If we except those which are largely endowed, there is not one of the other great hospitals which has not often overrun its funds, or is forced to close some of its wards from sheer poverty. The public would not subscribe their guineas for so mean an object as the cure of an inflammation of the lungs, an erysipelas, or a broken leg, but choose rather to give their hundreds and thousands to maintain some special institution which was pleasing to their fancy. Sentiment often entirely rules; and thus the abject poor, with their vulgar wants, are neglected; whilst any amount of money can be raised to expend on a beautiful house and grounds for the care of hopeless jabbering idiots. I might also allude to the evil of drawing away cases from the hospitals where pupils resort for instruction, although it is therein, and from the physicians and surgeons attached thereto, and who rarely practise specialties, that they gain a knowledge of those very subjects which are supposed to be known only to the few. In whatever way, therefore, the subject is handled, the evils of the so-called division of labour are evident. There can be only one thing said on the other side: that it gives those engaged in the practice of one department greater facility in manipulation and the use of remedies. It may be true, if your watch be out of order, that the boy who can make a pin would be better able to set it right than the watchmaker if a pin only were required; but I think, for all this, the boy's advice would not in the first instance be sought.

In what, then, does our science consist? According to my idea, we study the peculiar tendencies and disposition of the human frame. We see in it the proneness to various changes and degenerations. We see acute rapid affections running their course in a few days, whose origin is legion. We see the body attacked by causes altogether from without. In all these cases we stand by and watch. We have found various substances in nature, the most valuable having their histories lost in tradition, which are useful in arresting morbid processes, or in assisting in the completion of necessary changes. Such medicines, when given as experience dictates, have saved the lives of numbers. This must be positively spoken of digitalis, opium, iodide of potassium, and some other remedies. I say we are still watching, for we do not yet know the value of symptoms, and until we do we have no right to interfere. Our sole duty is to act empirically. Nothing can be said against any system under which the greatest number have recovered. Suppose a number of hungry people crying for bread, and blessing their benefactor who continually supplied their wants: he would gain more credit than the man with a large political creed who devised a political scheme to prevent starvation; but undeservedly so, for the latter would be the truer philanthropist. So it is with the art of medicine. Apollo was the God of Medicine; and why? Because, says Bacon, "the variable composition of man's body hath made it a body easy to distemper, and therefore the poets did well to conjoin music and medicine in Apollo; because the office of medicine is but to tune this curious harp of man's body and to reduce it to harmony." It will be remembered that both the Society of Apothecaries and the College of Surgeons have chosen for their mottoes adjacent lines from Ovid's "Daphne," in which Apollo says, "Opiferque per orbem dicor," and "Quæ prosunt omnibus artes." I think a text for another theme might be got out of the intermediate line, "Hei mihi! quod nullis amor est medicabilis herbis," which might imply that affections having a moral cause must be treated by moral means. Hysteria, for example, is too often perpetuated by the too officious interference of the medical man. Moral means often avail when all the herbs have proved futile. Daphne was right in running away from Apollo when he said he was a doctor.

In coming to a conclusion, you will see that I have pursued the course which I proposed to myself—viz., to offer you, in the short period you allow me, some of the thoughts which have occupied my mind in reference to the objects and aims of the medical man. Upon the whole, the address may be considered disagreeable by some among you. Nearly every point is, I know, open to controversy, and will allow of something being said on the other side. This, of necessity, must be so; but I nevertheless think, if members of the Association state their opinions freely, their worth can soon be measured. It would, no doubt, have been easy to come here and indulge in platitudes and conventional phrases about our glorious profession, but I have preferred rather to offer it to you for dissection. We might have met and congratulated ourselves and one another, and, in fact, have done as I lately read of a learned professor doing among his admirers—stroked each other's backs to make each other purr until we had all purred together. I have given you a kind of idea of the objects which, in my opinion, a medical man should set before him; he should, in fact, aim at a very high standard—nothing less, indeed, than the improvement and welfare of the material nature of man. If we become the advisers of families and the promoters of sanitary laws in our several towns, our calling is a high one; if we take ordinary cases of disease and endeavour to unravel their nature, our profession can be ranked among the sciences. We are obliged, of course, to attend to the

immediate necessities of our patients, for it is by this means we earn our bread, and every man in this world, however high his calling, must submit to much drudgery; but take away our higher aims, and lower us to the pursuit of doing nothing more than tinker our patients by patching and soldering, our trade is a hateful one. There is no use in disguising a plain fact, that when a man takes no interest in his profession, but is simply working for bread, the practice of medicine is a wearisome business. It is immensely to our credit that we doctors make the best of our pursuit. The practice of it to many is wearisome in the extreme; we can never reckon on a single hour as our own, and the recompense is in no way commensurate. Nothing but a long training could enable many of us to sit down for hours every day to hear the same complaints from a garrulous old female or hypochondriacal male. I am sure many must have approved Dr. Johnson's definition of the practice of medicine—"a melancholy attendance on misery, a mean submission to peevishness, and a continual interruption to rest and pleasure." There are very few but agree to the truth of this, and we must endeavour to diminish the annoyance as much as possible, and especially by placing high aims and objects before us. For my own part, I believe a much larger share of the conduct of mankind should come under the cognisance of the medical man. If it be his duty to have regard to man's bodily frame, and not merely to be (as Carlyle says) a body cobbler, his function is very large, and he immediately enters into the domain taken possession of by the social philosopher, parson, and philanthropist. It is simply our excessive modesty which has allowed our place to be preoccupied; for when we speak of "*mens sana in corpore sano*," we know that the two are essentially associated. Vice and moral evil are so closely connected with defective organisation, that I believe they can never be eradicated whilst the latter is untouched. It were sometimes amusing, if not at the same time painful, to see a poor human wretch sharing his life between the lunatic asylum and the gaol. The surgeon and the clergyman alternately try their hand upon him, but the material is too bad, and the man remains incorrigible. If in any way it ever becomes our more direct duty to study and endeavour to improve the physical condition of our race, we have, indeed, a grand and noble function to fulfil; for it will be attempting nothing less than to raise our fellow-creatures in the scale of humanity, with all that is noble and good contained within it. The mention of the clergyman reminds me of another function which all of us have to fulfil. It is one not spoken of in our medical schools, or in our text-books on physic; it is one scarcely whispered of amongst ourselves, and yet it is a function which we unconsciously and instinctively accept. The people have imposed it upon us, and we have become their father confessors. In a Protestant country we take the place of the priest, and consequently an intelligent man or highly gifted lady can always find an educated and sympathetic gentleman in a member of our community before whom they can "purge their stuffed bosoms of the perilous stuff," whether bodily, moral, or mental, which weighs upon the heart. The trust reposed upon our honour is as flattering as remarkable; for, in the medical man's breast are secrets which, if revealed, would blast the reputation and prospects of many a family. When I speak of the possible future, and the social regeneration of man being dependent in a large measure on his material condition, I say it advisedly; for should any question arise as to my opinion of the existence of mental powers and qualities apart from cerebral organisation, I may as well say that I believe the two are intimately associated. Not only do I admit it with all other physiologists, but I believe that it is our duty, as medical men, to insist upon it and preach it. It is said that we are growing too materialistic, the word being used erroneously for too worldly, too conventional, too covetous or too mean; but in its strict sense, I think we cannot be too materialistic. We are constantly hearing and reading much of powers and influences apart from human organisation; but I think that, directly we allow of the existence of any such influences, except those which proceed from man to man, we get into cloudland, and are all afloat as men of science. What Lawrence was denounced for declaring we all now openly proclaim; not only so, but insist upon it as necessary to the interpretation of phenomena. Most of us would endorse Lawrence's statement that we know nothing of mind except in connexion with matter, and that "the theological doctrine of the soul and its separate existence has nothing to do with the physiological question, but rests on a species of proof altogether different." That proof is not in my province; but most of us have the same conviction as the rest of mankind that some more subtle essence lies behind all that we see around us to explain "this material and unintelligible world." We feel that our minds, progressively developing, cannot suddenly cease to be, and we say with the poet—

> "For though my lips may breathe adieu,
> I cannot think the thing farewell."

When our work is done, when we sink into life's last sleep, our eyes will close,

> "As sets the morning star,
> Which goes not down behind the darkened west,
> Nor hides obscured amid the tempests of the sky,
> But melts away into the light of heaven."

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THE

# ADDRESS IN SURGERY.

*Delivered before the Annual Meeting of the British Medical Association, at Birmingham, in August, 1872.*

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(*Concluded from p.* 184.)

UP to the early part of the year 1868 I had invariably performed the lateral operation of lithotomy in all cases and at all ages, and had encountered that good and ill luck that always, sooner or later, disturbs the statistics of the most successful or the most unfortunate of operators who take all that come before them. I had reached my sixtieth case. Of this number, thirty-five were under twenty years, and but one had died from the operation—a child of four, a complicated case, with stone in both bladder and urethra. Of the remaining twenty-five, four had died at the ages of seventy-nine, fifty-nine, fifty-six, and fifty-three. Surgically, there was nothing to be regretted concerning these, save their deaths; for about them all were conditions favouring a bad rather than a good ending—conditions that happen with stone at all times and to all people, and will happen again; so I need not touch on them further now.

In all this I had used the single knife and the laterally grooved staff, and I did not think then I should use any other instruments as long as I continued to operate. But what happened? I cut a boy of eleven, and extracted an ordinary-sized stone, without, apparently, complication of any kind. Hæmorrhage followed of such severity that it was with difficulty controlled, and death from its immediate effects took place within twenty-four hours of the operation. I could find nothing in the post-mortem to account for the bleeding. It is true he had but one kidney, but that had nothing to do with his death. It was clear the cutting did it somewhere, and I naturally thought I should like in the future to extract such a stone as the one I then removed, with less of the cutting in the dark, if possible.

Accordingly I turned to median lithotomy. Allarton, who practised near here, had delivered a lecture on the subject of lithotomy simplified, in the Sydenham College in 1854, and I was much struck by his arguments as to the capability of dilating the neck of the bladder without incision. I felt satisfied that for bladders within reach of the finger, and for small stones, if not for all, here should be escape from the fear of uncontrollable hæmorrhage, though I had never tested his proceeding in the living subject.

Since I have had an experience of twenty-five cases. Of these, twenty have been of ages from two to twenty years, with not a single death. Of the five, of ages from forty-six to sixty, one died of peritonitis.

I perform it in the following way:—I open the urethra just behind the bulb, on a centrally grooved staff. Along

this I pass into the bladder a tapering probe-headed gorget, withdraw the staff, and taking hold of the handle of the gorget, pass the finger gently along its groove into the bladder, letting it dilate as it goes, and so take the place of the receding guide.

Now, I know that many believe that this dilatation means laceration. It has, indeed, not very long since been described as "complete rupture and laceration,"* and as "unsurgical and dangerous." I answer this statement, which I venture to characterise as eminently reckless, by a positive contradiction as to facts. I have cut enough cases by the ordinary lateral method, and am still cutting them, to know the difference between laceration and dilatation. I am quite satisfied that my finger passes into the bladder without laceration in the operation I have described. I feel the entrance gradually narrow itself into a mere ring, which encircles and equally grasps my finger on all sides. Through this ring pass the forceps; through this ring passes the stone, and any number of stones, or any fragments of stones; and there is no laceration, except the stone is too large for the proceeding, or violence has been used. I hold that it cannot be necessary to make incisions to the same extent to remove a body the size of a pea, as we should make for one the size of twenty; and, further, my conviction is, that whilst in all ordinary dangers, as compared with the lateral it is simply equal, in two it is immensurably less. These are the dangers from hæmorrhage and from prolonged recovery. The danger from hæmorrhage in the median can only arise from a central wound of the bulb. It is not unlikely to take place, and did occur to me once in the twenty cases, and was readily arrested; for it must be borne in mind the source cannot be far away, and so happily cannot require the use of that most hateful of all appliances, a plug for the wound. As to recovery, the exception is to find any constitutional disturbance at all. The water is retained and passed naturally —I would like to ask if anyone ever knew a patient pass his water naturally with a "lacerated" neck of bladder?—and the wound is healed mostly within a fortnight.

I shall be prepared for it to be said of my advocacy of median litbotomy—"The statistics of your own cases are against you." My answer is, "Statistics are not everything." A case may end just as successfully one way as another, though the troubles on the journey differ widely, and no one will question but that lateral lithotomy in children is eminently successful. But every operator who has sufficiently tried any given two methods of procedure, has a right to say which he prefers; and therefore it is that I say, when I reflect on the anxiety that I endured in watching the threatenings of mischief in children cut by the lateral operation, I rejoice that I have cause for it no longer, notwithstanding the general good fortune that attended my practice with that method.

And now as to the cases where the median operation should not be selected. In any instance where the finger is not likely to reach the bladder, so that instrumental dilatation would be required, the lateral operation should be preferred. The reason I use my finger is because I have more control over it than over an instrument. I can regulate the one, not the other. I would sooner cut than lacerate at any time, and I consider the use of instrumental dilatation in this operation means laceration. You may use it, on and off, with impunity, but it is a most destructive instrument—reviving all the dangers of the discarded Marian. I attribute the peritonitis, which carried off my single fatal case, solely to the laceration of the neck of the bladder that of necessity followed its use. I repeat, the only dilater must be the finger, and so long as the neck of the bladder can be widened by this sufficiently to allow of the removal of a stone without laceration, I shall deem it a part of my duty to advocate the adoption of this form of median lithotomy. I hope, however, my observations will not be misunderstood. I am second to none in admiring what Cheseldon practised, and what Liston and Fergusson have brought to perfection—the lateral operation for stone. I have been surrounded during the whole of my professional life by teachers and colleagues who have had unusual opportunities for practice, and who have realised brilliant successes in this very operation; but, in my opinion, it is not the most desirable operation to perform for all stones, at any age and under any circumstances, as some would have us believe.

I now desire to say something about stricture of the urethra. It is to me remarkable, but it is true, that the views entertained by the highest surgical authorities of the day differ on no subject so widely as on the particular system they adopt and recommend in the treatment of stricture. Simple dilatation and rest, I am thankful to say, have had a great following, and, if I mistake not, will yet rise into higher position. The main quarrel is between the advocates of internal as opposed to external division. The late Professor Syme* thought he had effectually put an end to the use of those "dreadful engines," as he termed M. Reybard's instruments; but he was mistaken, for strictures of this day are both cut, split, and torn; and new engines for the purpose multiply, as if the great surgeon had never lived to speak of plunges in the dark with caustic, or of ripping open the urethra by internal section.

Stricture may fairly be defined to be a diminution of the normal diameter of any portion of the urethral canal; and as it must be admitted that the existence of any stricture, however slight, from whatever cause proceeding, and of whatever nature, may sooner or later give rise to serious consequences in the condition of either the bladder or kidneys, it is needful for the surgeon to discover it and cure it as soon as possible.

But the real question is in reference to this word "cure." Have we to deal with a simple stricture that has resulted from inflammation of the lining membrane of the urethral canal, or with a stricture, originally of this kind, which has been aggravated and increased in extent by ill-considered surgical proceedings? For the first there is a cure by simple dilatation. For the second there properly is no cure.

Once organic stricture always organic stricture, is my belief. Whenever the lining membrane of the urethra has been injured, whether by accident, disease, or by bad surgery, the spot will contract and establish permanent stricture, and I do not believe that the materials constituting such cicatricial narrowings are ever absorbed. If you endeavour to restore the normal calibre of the urethra under these conditions by ever so well considered a system of dilatation, my opinion is that the contraction will return sooner or later with increased vigour, the natural elasticity of the canal being gone; in other words, dilatation will not effect a cure. But dilatation, if it be well and properly carried out, will protect the patient against the occurrence of those diseases which, dependent on individual health and mode of life, arise either rapidly or slowly in all cases of stricture. The degree to which it is necessary to carry this may fairly allow of discussion, for I have ever before my mind the conviction that the very means made use of to effect the so-called cure may become the certain cause of the continuance, and in many cases of the increase, of the malady.

I think it will be admitted that the tendency to narrow in cases of stricture differs very markedly in individuals. Some may show few signs of change during many years; others, especially those arising from the effects of laceration by direct violence, certainly, surely, and often rapidly increase. In all cases treatment by dilatation is necessary, but I doubt myself whether it is needful always to endeavour to restore the standard of the canal to the utmost of its original extent. I believe that there are many cases which admit of being maintained at a standard short of this, depending, however, on the facility with which the contraction yields, and its rate of increase subsequently. And it must never be forgotten that when once this treatment by dilatation has been commenced—no matter how carefully or how thoroughly it may have been done—it will have to be continued, whether at the hands of the surgeon or of the patient, more or less during life. For my own part, given time, I do not believe that there is any stricture through which an instrument cannot be passed by a skilful surgeon. This being so, treatment by gradual dilatation follows; and in my judgment this should be by the silver catheter, as the safest, simplest, and most certain instrument in the greatest number of hands yet given to us, *bougie à boule* and *bougie olivaire* notwithstanding. If the induration be cartilaginous non-dilatable, or if there

* Mr. Teevan: THE LANCET, vol. ii, 1870, p. 227.

* On Stricture of Urethra, p. 21, 1856.

be fistula, the treatment by external division on a grooved staff should be adopted as speedily as possible.

Entertaining this view of the permanence of the changes established in the urethra by injury or disease, I am not very likely to favour any internal severance of the lining of the canal, whether by Mr. Holt's method of so-called "splitting," or by any form of internal cutting. I believe a wound is produced just as much in the one case as in the other. I regard those methods as artificially inducing the very conditions which I lament should result from almost unavoidable causes; and I further believe that a shut-up wound on the internal face of the lining of the urethra is attended by dangers from which an open wound on the outside face is comparatively free.*

I have had occasion to divide the urethra after Professor Syme's method in upwards of thirty cases. In one case only was there a fatal ending, and this from pyæmia. In no case was there relapse, provided that an instrument was passed from time to time, the frequency of this being determined by individual tendency to re-contraction, once a month to once in three months being about the average, and by this means the calibre of the urethra was without difficulty maintained at its original standard.

All the cases that I have seen, save one, have required this continued resort to dilatation, and will require it, in my judgment, more or less, during life. For there is no more a cure by this than by dilatation or splitting. In the case that did not require it a fistula remained permanently in the perineum, letting through a little water, the general stream flowing by the urethra, which, at the end of twelve years, shows no disposition to contract.

If the induration of the urethra, and narrowing, be of such an extent as to preclude the idea of dealing with it by external division, I prefer to tap the bladder by the rectum. I do not feel inclined, at present, to divide from the bulb to the meatus; and this literally must be the length of an incision in many of these long-standing cases, if the entire disease is to be dealt with.

There are numbers of these inveterate cases wholly unsuited to external division; but they are eminently calculated to be dealt with by a method which deviates the course of the water to another channel, in order that rest may heal the fistulæ, and absorb much of that adventitious material blocking up the natural urethra, which can then readily be found, and have a standard established almost without resort to dilatation.

I frankly say that I do not believe that either internal or external division of any urethra will cause the healing of fistulæ in the groin, buttock, and perineum, where a man makes his urine, as it has been graphically described, like a watering-pot.†

Surely relief by the rectum will stand comparison with all the manœuvres that have been suggested from the days of Hunter to Grainger, and from Grainger—who, by the bye, belonged to us here—to Gouley and Wheelhouse. I cannot conceive why a patient is to sustain, sometimes for hours together, the distress belonging to hopeless attempts made to trace, in that stage of the disease, an impracticable canal, when the chief cause of the malady—the flow of urine—can be reached and diverted in a moment. Since Mr. Cock published his views‡, now just twenty years ago, I have had many opportunities of seeing the results of this proceeding. I am able confidently to state that it is wholly free from danger. Indeed, I can scarcely conceive death following as a direct result of the operation. So little fear of the proceeding had one of my patients that he has been tapped at least six times for the relief of fleeting attacks of retention, dependent on a rapidly distended bladder, unable to empty itself in the presence of long-standing organic stricture. I have seen him almost within a day or two afterwards as if nothing had occurred. Further, no fistula remains, for the opening in the rectum invariably closes after a few weeks.

I have left in the silver canula for three weeks and have not found inconvenience from its presence; indeed, it appears to me that one of the greatest arguments in favour of its adoption exists in the fact of the position of the canula, which, whilst certainly securing the emptying of the bladder, is wholly removed from the urethra. I am strongly myself of opinion that many urinary cases terminate fatally from urethral irritation, set going and kept up by an instrument retained in the canal in its length.

Some persons are very tolerant of tied-in catheters, whilst others, dependent on a certain idiosyncrasy, cannot sustain with impunity the simple introduction of an instrument. I saw a case in a young man which all but ended fatally from epileptic convulsions induced by a first catheter, whilst the single introduction of a lithotrite in a man aged seventy-seven, to measure a large smooth stone that had been carried with impunity for years, set up such an attack of cystitis that death ensued. I was very much impressed by a case in which a man, suffering from complete paralysis from the bladder downwards, owing to concussion of the spine, had a silver catheter tied in his bladder. He appeared sinking fast, and the most profound irritation of the bladder was established. I directed the water to be drawn every eight hours, and he began from that moment to amend, and ultimately recovered. Here, doubtless, the true explanation lay, not in idiosyncrasy, but in the fact of the existence of disease from the injury.

You may leave an instrument in the bladder for years from the perineum, but you cannot do this with impunity and traverse the length of the urethra. Morbid sympathies become excited in connexion with the urethra which are not produced by the introduction of instruments into other mucous channels.

In what I have said I have urged the adoption of tapping by the rectum, as affording assured relief to the most inveterate forms of stricture. And in considering the treatment of this disease, I have hitherto limited my observations to cases of stricture of the urethra *per se*, not to those complicated by retention of urine. I must equally urge it, however, as the remedy most reasonable for almost every form of retention. It is the absolute cure of spasmodic stricture; and if, in any given case arising from this cause, after one good effort has been made to obtain relief by ordinary means, there is no success, it should be carried into effect. If retention be present with an impermeable urethra from organic stricture, a double necessity supports its selection, whilst I have yet to learn that it is inadmissible in the retention of old people from enlarged prostate. I know that it can be accomplished in these cases, but of course not so readily as if the rectum had only its ordinary contents; and I am quite satisfied that far less irritation would be produced in the majority of these diseases, where death so often directly results from the effects of instrumental measures, by the presence, at the most depending part of the bladder, of a harmless tube, calculated to secure the removal of all urine secreted, and thus master that inevitable decomposition which is not overcome by any other method in use, for the simple reason that one and all fail to empty the bladder. If the membranous urethra bulge behind a stricture, or if an abscess opened in the perineum suggest a ready path to the bladder, by all means let a female catheter effect, through the perineum, what otherwise, I maintain, can be accomplished by the rectum.

Some years ago I asked the question, "Can the urethral canal be permanently restored whenever any complete and considerable portion of its length has been entirely destroyed?"* I believe the answer must yet be "No." I had then a boy of sixteen, with at least two inches completely destroyed by burning, and, believing this, I established him with a silver perineal tube, through which he now (age twenty-seven) passes his water without trouble; but there is nothing in the growth of the parts that tempts me to interfere, for I know the whole circle of the canal must be gone.

I think, however, that if only a streak of mucous membrane lingers about the part, an efficient connexion can be re-established even after the lapse of many years. I saw in the early part of this year a patient, aged thirty, who had sustained, eighteen years previously, such a laceration, that two inches below the meatus was a fistulous opening into the urethra, three-quarters of an inch long. The canal was pervious from the meatus to about one inch above the bulb, where was a second small fistula; then the canal was obliterated for an inch, and a third fistula, placed just at

* I will, with Sir H. Thompson, admit its use in narrowings at external meatus.—Pathology and Treatment of Stricture. 3rd Edition.

† See Discussion: Medical Society of London.—British Medical Journal, November, 1870, p. 590.

‡ Medico-Chirurgical Transactions, vol. xxxv., p. 153.

* THE LANCET, March 16th, 1861, p. 258.

the commencement of the membranous division, gave exit to all his water. For eighteen years, then, the urethra from this spot had been unused. I first closed the penal fistula, paring the edges, which looked beautifully in apposition for some days, and then came apart as usual. But by clipping the penis with a self-acting spring, on the principle of the seraphine, the edges were admirably united. Then I laid the lower fistulæ into one, dividing all the hard textures between them, and passed a No. 8 catheter, and for forty-eight hours tied it in the bladder. After this I passed No. 9 daily. The patient learned to pass it in a week himself; and at this time the canal is in excellent order, with the introduction once a week. Now, I do not think the roof of the urethra was destroyed here, and hence the reason of a success which I did not expect.

In reference to the repair of penal and scrotal fistulæ, I would remark that they can alone be treated satisfactorily by the water being drained through the rectum, or, as here, through the perineum. Even then, union by first intention is a myth; but union can be obtained by keeping the granulating edges together by some artificial means, at the same time that vivacity is maintained in them by the use of the acetum lyttæ.

And now, permit me to indulge the hope that the illustrations I have been enabled to place before you of modes of practice have not been devoid of interest. The chances are that I shall never again address an audience characterised by qualities that belong to a representative meeting like this. I ask, therefore, your kindly reading of the motives which have induced me in what I have said to refer mainly to my own experiences. If I have any regret in having adopted this plan of proceeding, it arises—let me assure you—from the fact that I have been deprived by so doing of the pleasure of referring to the opinions, to the investigations, and to the successes of my colleagues and associates. The British Medical Association has diffused an experience by these meetings that does away with the idea that the light of surgery is permitted only to one man, in one place, or to any set of men in any place. Handed down to us by imperishable traditions—by names that will live as long as the world lasts; greater in its power to save life or limb than at any period of its history; so simple in its teaching, so open in its counsel, that a tyro may learn and act, surgery stands proudly with its fellow-sciences in laying claim to having blessed mankind. And if this be true, can it not claim also to having been the means of diffusing a blessing of a different kind? I mean the engrafting in the hearts of the men who follow its teachings such a spirit of honour and love of truth that meanness and jealousy cannot live by its side. I entertain the sentiment—as dear to me as life—that surgery will cease to be what it is when the dread anxieties that beset its practice are not softened down by the certainty of the knowledge that good fellowship prevails amongst those who may happen for the moment to be judges of what is being done.

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OBSERVATIONS ON THE

## PROBABLE CAUSES OF BRIGHT'S DISEASE.

BY PETER HOOD, M.D.

I HAVE studied with peculiar interest the published abstract of the paper on Bright's disease, by Sir William Gull and Dr. Sutton, which was lately read before the Royal Medical and Chirurgical Society, and in which it was maintained that the affection of the kidneys is only a part of a more general disorder, and of one that, prior to the occurrence of albuminuria, may make itself manifest by impaired digestion, headache, distress about the region of the heart, dyspnœa, loss of flesh, and other related symptoms. The opinion that kidney disease is a general or constitutional, and not a local affection, is one that I have myself entertained for many years, and that will be found fully set forth in my work on the Treatment of Scarlet Fever, published in 1857. I have there stated my belief that in acute dropsy the renal is generally preceded by hepatic disorder, and have condemned the error, as it seems to me, of hastening to localise disease in a single organ, merely because its easily accessible secretion affords proof that it participates in a general disorder. These views, time and further experience have strengthened and confirmed; and, entertaining them, I offer no apology for venturing to make some observations upon the recent paper to which I have referred. It is much to be regretted that the distinguished authors of that paper have not seen their way to carry their researches a little farther back, and to enlighten the profession with regard to the initial source whence the disease is derived, and with regard to the cause or origin of the anatomical changes in which they think they discern its essential characteristics. In a practical point of view, it profits little to enumerate a series of vague symptoms, which may indeed precede the manifestation of Bright's disease, but which may also be wholly unconnected with it; nor does it elucidate the subject to state that the malady is general instead of being local. What we should desire is to become acquainted with the nature of the morbid processes which precede or produce organic renal changes, so that we may be prepared to recognise and oppose the former, as our only means of preventing the occurrence of the latter. I am fully aware of the objections which may be urged against any attempt to solve such a problem by an appeal merely to individual clinical experience, but am nevertheless impelled to make it by the consideration that we have hitherto gained so little, as far as this question is concerned, from pathological research. Independently of the structural changes in the arterioles of the kidneys and other organs, changes which I myself regard as results of pre-existent morbid conditions of a different kind, we have really no knowledge whatever with regard to the source from which Bright's disease originates.

It will, I apprehend, be generally admitted that no important change will occur, in an organ like the kidney, that has not been preceded by congestion; and that, when a state of congestion has been established, the vessels carrying the blood will be thereby rendered liable, by their own delicate structure, and by the distension they suffer, to undergo alterations of various kinds, first in the direction of hypertrophy, and next in the direction of wasting, unless the congestion itself were early relieved by spontaneous hæmorrhage, or by medical treatment. Assuming this to be true, we are next called upon to inquire by what immediate or remote causes, apart from chill to the surface or other external agency, a congested state of the kidneys may be occasioned and maintained. Among such we must, I am well convinced, assign a prominent position to derangements of the liver, and also to changes in the composition and properties of the blood itself. As regards the liver, it is perhaps sufficient to quote the words of Frerichs, who says: "There can now be no doubt that in this gland processes go on which exercise an important influence over the principal vegetative functions, sanguification, and the metamorphosis of tissues." As regards the blood, I hope to make it evident that the condition of this fluid is a chief cause of some of the derangements which lead on to destruction of the kidney.

In former times, when venesection was commonly practised as a remedial measure, there were three chief points to which the attention of the phlebotomist was directed. The first of these was the amount, consistence, and colour of the clot formed by the blood on cooling; the second was the appearance of the surface of the clot; and the third was the colour, density, and odour of the serum. When the clot was firm and solid, giving evidence of the presence of a large proportion of fibrine and hæmatine, this was considered to afford evidence of the strength and tonicity of the patient, and of the safety with which blood might be abstracted; while a contrary indication was afforded when the blood was slow to coagulate, and the clot small and incohesive. When the surface of the clot was buff-coloured and deeply concave, or, in the language of that day, "buffed and cupped," these conditions were held to demonstrate the existence of inflammation; and the proportion borne to the clot by the serum, the colour and density of the latter, and the presence or absence of odour, were considered to be important aids to diagnosis. In some exceptional conditions of the system I have known the blood to have a smell as if of absolute putrescence.

The only condition in which "buffed and cupped" blood was not distinctly associated with inflammation, and in

which the buffed and cupped condition remained in spite even of successive bleedings, was in acute rheumatism; so that in this disease it was conjectured by some that the blood itself was inflamed.

In the time of which I speak, as is well known, bloodletting was continually practised without medical advice, as a sort of quasi-domestic remedy, not only at the "spring and fall," but whenever such symptoms as fulness, drowsiness, difficulty of breathing, or uneasiness about the head and heart, were experienced. It cannot be doubted that much harm was often done by the improper abstraction of blood under such conditions; but no well-informed practitioner ever ventured to take blood from an anæmic person, or from one who, in the phrase of the day, "could not afford to lose it." The decision would depend upon the state of the pulse and heart, and on the presence or absence of organic disease; and whenever there was a doubt, a small trial bleeding would be made, in order that the character of the fluid withdrawn might assist in determining the doubt. It may fairly be questioned whether the absolute disuse of bloodletting may not be as harmful as its indiscriminate employment; and whether serious consequences, especially the increased prevalence of some forms of chronic disease, have not been produced by the abandonment of a tried and powerful remedy. I have been assured, by the late Dr. Bright himself, that he was distinctly of this opinion; and I am fully convinced that an insufficient degree of attention is now paid to states of the blood as the chief factors in the production of various diseases. It has been shown by Dr. Richardson, for example, that in various inflammatory or other morbid states the fibrine becomes increased from 3 parts in 1000 to as much as 10 parts; and it is not difficult to perceive how easily such a change, by increasing the density and viscidity of the fluid, may obstruct the circulation in the smaller vessels, and may produce congestion of various organs—thus subsequently determining the occurrence of anatomical changes to which congestion has primarily contributed. If this reasoning be correct, it appears to me that we may deduce from it the farther inference that an excess of fibrine in the blood must be regarded as one of the chief proximate causes of Bright's disease, as well as of the albuminoid or fibrinoid degeneration of the liver with which Bright's disease is so commonly associated. It is to the blood, then, that we must first direct our attention if we are to arrive at any satisfactory solution of the problems connected with Bright's disease. We see, every now and then, a patient who seems to be in perfect health, except that there are slight symptoms of indigestion or malaise—symptoms which yield readily, for a time at least, to a little medicine or a restricted diet, and which yet are proved by the future course of events to have been the precursors of organic renal mischief. I do not know how we are to arrive at an accurate prognosis of such cases in their early stages unless, by adopting the long-disused method of a trial bleeding, we obtain information concerning the quantity of fibrinous material present in the blood. No system of medicine can be considered perfect that excludes the experience gained during the hundreds of years in which bloodletting was almost universally practised.

We are indebted to Dr. George Johnson for the important discovery of the changes that take place in the vessels of the kidneys; and although Sir William Gull and Dr. Sutton differ from him with regard to the precise character of these changes, yet all observers are agreed with regard to their fibrinoid character. This point of agreement renders me great assistance in explaining my views of the original source to which Bright's disease may be traced.

We are taught by clinical observation that the nephritis which leads to contracted kidney may be divided into three stages: the stage of hyperæmia, the stage of exudation, and the stage of atrophy. In the first of these stages the kidney is found dark-red in colour and rich in blood—an appearance which points clearly to deficient oxidation and decarbonisation in the system, so that other glandular organs, and more especially the liver, would probably be in a similar condition. If blood were abstracted at this period, we should expect to find it abounding in fibrine; and this condition would in former times have been held to show the necessity for a larger depletion. I entertain no doubt that such depletion was often the means of prolonging life, by relieving vascular plethora in the earliest stages of disease.

If we inquire now into the actual causes of the glandular congestion, we shall find that it occurs, as a rule, in persons who have passed the meridian of life, and who have partly or wholly laid aside former habits of active exertion. In most cases such persons have continued to take much the same amount of food that they had formerly been accustomed to consume, and they have often even increased their consumption of stimulants, on account of the temporary comfort to be derived from them. A person to whom this description applies is in reality standing upon the brink of an unseen precipice. He may eat, drink, and sleep as usual, and may follow his ordinary course of life, without suspicion of the dangers by which he is threatened. If he inherits any tendency to gout, this disease will probably soon show itself; and it will be well for him that it should do so, always provided that it is not treated specifically, and that it is accepted as a warning of the need for changed habits of life. An attack of rheumatism may even be hailed with satisfaction on account of the good effects to be obtained from the remedies necessary for its cure. If neither of these diseases should occur, nor any other form of acute illness, we may sooner or later expect evidence of congestion in one or more of the vital organs, and should be prepared for the organic changes which such congestion may produce. In cases of a different class the patients may have suffered from chronic dyspepsia with hepatic derangement, generally associated with constipation. I have frequently noticed that the instances in which persons addicted to good living, and to the free use of alcoholic drinks, have nevertheless preserved uninterrupted health, occur almost exclusively in those whose bowels are habitually relaxed; and I feel sure that the intestinal tract is capable of largely aiding the kidneys in the discharge of uric-acid compounds from the system. Where this aid is not given, and where, from imperfect digestion, the solids and fluids of the body are generally vitiated in their character, the kidneys often suffer from the excessive work that falls upon them.

It is probable that an early stage of kidney congestion, occurring in a robust and previously healthy person, would make itself felt by no more definite symptoms than some generally uneasy sensations—some feelings of fulness or oppression, of drowsiness or tendency to palpitation. Under such circumstances the tendencies of the case might easily escape even medical observation; and further, if these tendencies were perceived, the patient, in the present state of public feeling and professional practice, would be little likely to submit to the abstraction of blood, even as a test of his condition. If, however, he had sufficient good sense and sufficient confidence in his adviser to allow himself to be bled, and if his blood were found to contain an excess of fibrine, the discovery would at once afford the strongest possible argument for a changed course of life—as a means of warding off a too obvious danger.

It becomes important to consider what symptoms should lead to the suspicion of an excess of fibrine. I think the most significant is a peculiar tense feeling communicated by the pulse to the finger. The pulse need not be full—it may be even so fine as to resemble to the touch a tight cambric thread; but, if a pulse of this character be found for any continuous period associated with symptoms of oppression that medicines do not readily relieve, the additional evidence to be gained by a trial bleeding may become of the greatest possible value. Some years ago it was stated that an effectual "trial bleeding," *qud* excess of fibrine, might be accomplished by a needle puncture. The drop of blood was to be compressed between two slips of glass; and it was said that the rapidity and degree of mottling in the fibrine would closely correspond with the degree in which a larger quantity of the same blood would be cupped and buffed. If this method be trustworthy, it would be extremely useful, and would afford great help in overcoming the prejudice now entertained against bloodletting.

An endeavour to show the effects of bleeding in warding off organic disease would be open, of course, to the obvious objection that we cannot be quite certain what would have happened if the bleeding had been omitted. But still, clinical experience may sometimes furnish us with evidence nearly approaching to proof, and of such I will give a single example. Many years ago I attended a gentleman, aged twenty-two, who had suffered severely from epilepsy from the age of fifteen. He had had the best advice London afforded. He had been subjected to all kinds of treatment, and had taken all the reputed remedies for the cure of his

disease, without any good result. He had lost most of his front teeth from repeated falls on his face, and his scalp was scarred in several places. His chief complaint was the discomfort he experienced from palpitation of the heart, which frequently preceded an attack of epilepsy. There was no evidence of any disease of this organ, and it beat vigorously; but his pulse was singularly small, and at the same time tense; it felt beneath the finger like a fine thread. The discrepancy being so great between the action of the heart and the feeling of the pulse, I ventured to take an ounce of blood from his arm. When it had cooled it was both buffed and cupped, and the amount of serum was very disproportionate to the more solid elements. In a week's time I bled him again to two tablespoonfuls, when no alteration was observable in the appearance of the blood; and I adopted the same course every week for a whole year; and at the end of the year, the blood still being buffed, but not cupped, I bled him once a fortnight until the expiration of the second year, when his blood no longer presented any abnormal character. This gentleman's fits ceased after the first time he was bled. He married and had a family. Nine years after the cessation of his fits he suffered from fistula in ano. He was operated on by the late Sir Benjamin Brodie prior to the introduction of chloroform, and although there was only one cut made (with scissors) the agony was so great that he was unable to withstand it, and he was instantly seized with a violent epileptic paroxysm. The fits recurred with their former violence, and when he had recovered from the operation I resorted again to bleeding; but in the interval of nine years a change had taken place in the state of his pulse and the appearance of his blood—the pulse had lost its tightness, and the blood no longer presented any abnormal appearances. The bleeding now was useless, and I did not adopt it again. This gentleman has tried all the modern remedies said to be efficacious in epilepsy without avail, and is still subject to the disease.

It must generally be impossible to assign the exact date of the commencement of the states that I have been considering; but the chief point for the practitioner is to learn the period of accession of the symptoms of plethora or congestion, especially when these are coincident with an alteration in the habits or mode of life.

The second and third periods of kidney disease—the stages of exudation and of wasting—are of far less importance to the practitioner, because far less amenable to treatment. The period of exudation is usually that in which albumen first appears in the urine; and then, in chronic cases, the patient may usually be regarded as incurable. In the more acute forms of the malady—as, for example, in the kidney troubles following scarlet fever—complete recovery may often be obtained under a treatment in which active purgation forms the most important element.

The influence of congestion of the liver—whether itself a result of an increase of fibrine in the blood or of some other cause—in producing congestion also of the kidneys is one that cannot be overlooked by the careful and experienced practitioner; although it has been pushed out of the view of superficial observers by the greater facilities which exist for obtaining evidence of the congestions of other organs. If the secretion of the liver could be isolated and obtained for examination as easily as the urine, there can be no doubt that we should soon have an hepatic pathology of almost every disease that flesh is heir to. In the meanwhile, congestion of the liver is constantly overlooked, because we examine the abdomen only in the recumbent posture. In every case in which I suspect it, I have for many years been in the habit of employing percussion and palpation in the erect posture also; and I have in this way discovered enlargement of the liver, and have been led to devise measures for its relief, in many instances in which the true nature of the malady must otherwise have been overlooked.

The observations conducted by the pathologist in the post-mortem room, and those conducted by the physician upon patients whom he preserves from being conveyed thither, should mutually supplement and correct each other. It is chiefly from the latter point of view that I would urge the practical importance of early attention to over-fibrinated blood and to hepatic congestion; and I am convinced that the more carefully these conditions are studied the more they will be found to guide us towards the prevention of maladies which, if not prevented, it will too often be found impossible to cure.

Lower Seymour-street, W., July, 1872.

## THE HIGH VALLEYS OF THE GRISONS.

BY C. THEODORE WILLIAMS, M.D. (OXON.), F.R.C.P.,
PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST AT BROMPTON.

THE usual holiday season for hard-worked Londoners having arrived, when an exodus from town of both patients and doctors takes place, a large stream sets towards Switzerland, and especially towards the high valleys of the Grisons, so fashionable at present—a fashion justified this hot season by the cool and bracing qualities of the air, by the beauty of the lake, mountain, and glacier scenery, and by the variety of easy and difficult excursions to be taken in and around the Engadine. A few notes of a tour made last month in these regions may not prove unacceptable to the readers of THE LANCET.

The season in the Upper Engadine is said to last from the 15th of June to the 15th of September, but it must be confessed that these are the extreme limits, for towards the end of August it often becomes very cold, as I well remember occurred in 1864, when a week of snow and frost rendered the weather too cold to be enjoyable. The summer climate is dry and stimulating, but, as is well known, subject to great variations in temperature. In the middle of the day the air is clear and the sun's rays powerful enough to redden and brown the delicate complexions of our countrywomen, while after sunset it is sufficiently chilly to render the use of an overcoat very acceptable. This year the weather has been particularly fine; a few rainy, bleak days occurred in June, but July has been clear and sunny, with but little rain and no night-frosts. The midday heat was generally tempered by an exhilarating breeze, and, the soil being dry, sitting out under the shade of the pine-trees was most pleasant, and could be enjoyed without harm even by invalids. Many persons complain that they cannot sleep well in the Engadine, and this, in the case of invalids, is a very serious drawback, but in ordinary healthy people bad results seldom follow, for here the nervous system seems to require less repose, and to refresh itself more easily. The effects of the climate on the appetite are highly favourable, if one may judge by the three large meals consumed daily by the pensionaires; and I am glad to be able to state that there has been a considerable improvement in the food department: good fresh tender meat—veal, beef, and mutton—is given at the principal hotels, and is an agreeable change after the species of salt junk which used to prevail in these parts. The bread and milk are excellent, but vegetables and fruit, as might be expected in a district which grows nothing but hay, are scanty and of course imported.

The accommodation is greatly increased; large hotels and pensions have been built, and are still building, at St. Moritz, Samaden, Pontrésina, Campher, Silvaplana, and Sils, the number of available beds being now about a thousand. Still the demand exceeds the supply, and at the Engadine Kulm rooms are engaged from three to six months beforehand.

Tarasp Schuls, in the Lower Engadine, much frequented for its various mineral springs, some of which are valuable in liver and intestinal complaints, seems indicated as a place of sojourn when the higher stations become too cold, as its elevation, 4000 feet, is considerably less than that of the Upper Engadine. The Kurhaus, being situated in the deep gorge of the Inn, is hot and close, but the hotels and pensions at Schuls and Vulpera stand on high and open ground, commanding most picturesque scenery.

One of my great objects in visiting the Grisons this year was to ascertain, firstly, whether good accommodation for invalids could be procured in winter; and, secondly, the results of the climate on patients who have wintered there.

With regard to the Engadine, I learnt that both food and accommodation were good, and that a few individuals had passed last winter at St. Moritz and Samaden, of whom a very few were consumptive cases; none of these latter was I able to examine.

At Davos, which has now become a much frequented winter station, I found that there were, up to last January, 150 patients, when the unfortunate burning of the Kurhaus necessitated the removal of some of these to other parts of

Switzerland. The valley of Davos is about fifteen miles long, and runs from north-east to south-west between two ranges of mountains, which, sloping gently back to a height of 9000 feet, allow the sun's rays to penetrate for the greater part of the day. Although well sheltered to the north and east it is more or less open to the north-east.

The prevalent winds are the north-east, which brings fine weather, and the *fön* or south-west, a damp wind which causes the melting of the snow, and its attendant ill-effects on patients; also, a mild *thal* wind, consequent on the heating of the valley by the sun's rays. Still the remarkable feature shown by the observations of Dr. Spengler* and Mr. Waters,† and confirmed by the testimony of all the patients I saw, is that there is *practically no wind in winter*, and that the cold is not felt after the first week, but that in summer, when wind prevails, it is somewhat trying to invalids.

Though in the shade the average mean temperature at 1.30 P.M., during the months of December, January, and February is 39° Fahr., in the sunshine it mounts up to an average of 85° Fahr., the black bulb *in vacuo* showing as high an average as 119° Fahr. This great power of the sun's rays testifies very strongly to the clearness of the atmosphere, and somewhat explains the picnics in winter one hears of to the Fluela pass, and other points of interest in the neighbourhood. According to Waters, the number of days in which it is possible to sit out in winter is between sixty-four and seventy.

About the middle of April, the snow beginning to melt, the air becomes damp and chilly, and catarrh is prevalent; and it is then that physicians hurry their patients away to lower levels.

Owing to the courtesy of Drs. Spengler and Unger, I was able to gain every information about the place, and at the request of the former I examined four of the patients. Without going into detail, I may mention that three had decided consumptive disease of one or both lungs, and in one excavation had taken place. The patients were clerks who had been engaged in offices and shops in Holland and Germany, of ages from twenty to forty; and they had already spent periods of three, five, and fifteen months respectively at Davos, following the treatment. The "cavity" case had begun in catarrh, but had exhibited symptoms of consumption for fifteen years, the patient having taken oil with benefit for fourteen. During his fifteen months at Davos he had improved in colour and breath, but his weight and physical signs had remained stationary; no oil had been taken. The other two were cases of consolidation, which had greatly improved in strength and breath, with increase of weight, and some diminution of local disease. One, in whom both lungs were affected, and who arrived at Davos in a very weak and emaciated state, had in five months lost his cough, gained in weight twenty pounds, and was not recognised by his wife on returning home!

It seemed to me that the good results of the climate lay more in improvement of the appetite and gain of weight than in decrease of the lung disease. Dr. Spengler does not, unless requested, give cod-liver oil internally, but uses inunction, and insists on a generous diet and large quantities of butter and milk; and for those few patients with whom milk disagrees, koumiss is substituted. He also administers douches and shower-baths; but always with caution and personal supervision. I can report most favourably with regard to accommodation and food. There are now in Davos Platz and Davos Dörfli at least five hotels fitted for the reception of invalids, well warmed with stoves, and furnished with verandahs to sit out under. The provisions, and especially meat, are excellent; and the pension, including everything, ranges from five to eight francs a day—a price which, even with the addition of the fare from England to Davos, places the climate within the reach of persons of very moderate means.

In conclusion, I may remark that the immunity of the Engadine from phthisis has lately been questioned, as Dr. Bertha has seen several cases of phthisis in Fettan, a village of the Lower Engadine (5000 feet); and at Pontrésina, in the Upper Engadine, Dr. Ludwig found a case in a man aged sixty, who had never lived at a lower elevation than 4000 feet.

Park-street, Grosvenor-square, August, 1872.

* Die Landschaft Davos. † Winter im Hochgebirge. 1871.

# TWO NEW FORMS OF ENEMA APPARATUS.

BY W. L. SHEPARD, M.R.C.S., &c.,
LATE TUTOR TO ST. BARTHOLOMEW'S HOSPITAL.

MOST of the enema apparatus hitherto invented present some disadvantages which militate against their usefulness. The ordinary brass enema apparatus is cumbersome and extremely inconvenient to use alone, as it needs both hands to work it, so that it is difficult to keep the canula *in situ*. Again, if not often used, the packing on the piston is sure to get very dry, and, in hot climates especially, the instrument is in this way often rendered useless, it being no easy matter to pack a piston properly.

The irrigateur of Dr. Eguisier is easy to manipulate, but it is very bulky, very liable to get out of order, and could only be repaired by an instrument-maker. Perhaps the best form of apparatus yet made is either the Higgenson or Kennedy. They are both of them portable, and can be used with one hand, but they have also both of them one radical defect—namely, the vulcanised india-rubber ball. However good this may be when first manufactured, after a time it undergoes some molecular change and becomes worthless. Again, if the ball be made thin it fills but slowly, and if made thick it is very tiring to the hand; but more than all, oil or turpentine (so often used in enemata) soon destroys the india-rubber.

I have endeavoured to remedy all these various defects in the two forms of enema apparatus I have had made for me by Messrs. Arnold, of West Smithfield, E.C. I propose to call that depicted in Fig. 1 the Simplex, and the other, Fig. 2, the Facilis.

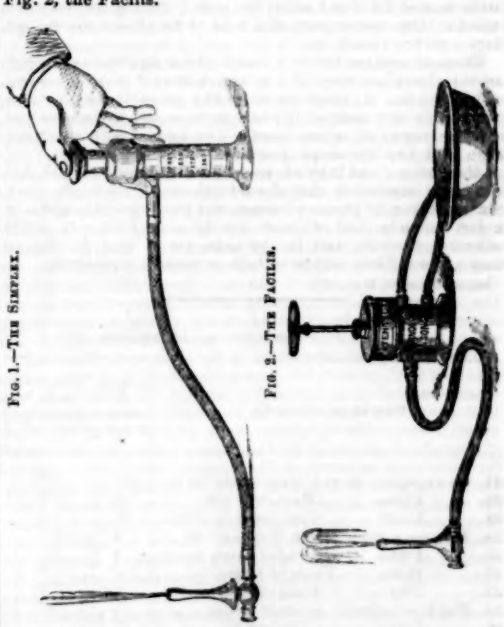

FIG. 1.—THE SIMPLEX. FIG. 2.—THE FACILIS.

The Simplex consists of two cylinders, sliding easily the one within the other. The upper and smaller of the two is closed at the top, as shown in the engraving, and is kept raised by means of a spiral spring which rests against the bottom of the lower cylinder. This latter is closed at its lower end by the solid base on which the instrument stands, and its upper end is made of rather larger diameter than the rest so as to form a circular chamber, which has holes pierced at its under surface. An inlet valve is fitted into the base of the lower cylinder, and an outlet valve to an opening leading to a space between the inner and outer surface of the lower cylinder, which space is continuous with the discharge-pipe.

To use the apparatus, it is placed in a basin or other vessel

containing the liquid; the upper cylinder is pressed down by the hand, and then allowed to rise again by the action of the spring. It thus acts as a piston, and the fluid is drawn through the inlet valve into the lower cylinder. On again depressing, the greater part is forced through the outlet valve, and the little that escapes between the cylinders is forced into the circular chamber, whence it runs through the holes on its under surface back into the vessel.

The Facilis is made essentially on the same principle, but it is constructed to feed itself from any vessel, and is intended to be used in cases where it would be inconvenient to stand the apparatus in the fluid: for instance, when it is required to be used in bed, or with delirious or unruly patients. It consists of a cylinder having the upper part of larger diameter than the lower, and fitted with a watertight cover, which is pierced with an opening fitted with a stuffing box. Inside the cylinder is a loosely fitting metallic piston without packing, kept pressed against the cover by means of a spiral spring. In the centre of the upper surface of the piston is a depression corresponding with the opening in the cover. The piston-rod, which is loose, drops into this. An inlet valve is fitted to an opening in the lower part of the cylinder, to which the feed-tube (the lower of the two shown in the engraving) is attached. The upper tube is fitted to an opening on the under surface of the enlarged part of the cylinder, and acts as a waste-pipe. An outlet valve is fitted to the opposite side of the cylinder, and is connected with the discharge-pipe. To use this apparatus, the feed-pipe and waste-pipe are both allowed to dip into the vessel containing the fluid. Then, on alternately depressing the piston and allowing the spring to raise it, the liquid is drawn into the cylinder through the inlet valve, and forced through the outlet valve. What little makes its way beside the loosely-fitting piston goes into the large upper part, and runs through the waste-pipe back into the vessel.

The advantages which I think these apparatus possess are—1. They are very easy to use, needing only one hand to work them. 2. They are eminently portable, the Simplex being only four inches high and an inch and three-quarters in diameter at its widest part. The Facilis is three inches high and two inches in diameter. 3. There is no packing on the piston; and they are so simple in construction that it is next to impossible they should get out of order. 4. They can be taken to pieces to clean, and put together again in a few seconds, and without trouble. 5. They are made entirely of metal, and the springs are of plated steel, so they are not likely either to rust or become weakened.

Burton-crescent, May, 1872.

## ON THE QUALITY OF ATMOSPHERIC AIR IN PUBLIC AND PRIVATE BUILDINGS IN LEICESTER.

BY RICHARD WEAVER, C.E., F.C.S.

### No. III.

IT is improbable that there is any material difference in the quality of the air of the local newspaper offices, of which examples are furnished in Nos. 31 to 33. The latter number shows a higher figure because the business of the establishment was in full action at the time of testing, and in the other offices only partly. Nevertheless better ventilation is desirable in them all.

The specimens of aerial condition of two bedrooms of a private house (Nos. 34 to 37) are perhaps the most interesting examples in this series. They were obtained in the early morning. In the first apartment four young children slept; the door remained open during the night. No provision was made in either room for ventilation. The rooms, which contained open fireplaces, were perfectly free from perceptible draughts. Samples of air were in each instance procured at one foot from the floors and likewise at the same distance from the ceilings. In each room a very small jet of gas was burnt. The second sleeping apartment contained two adults, and the door remained closed during the night. The difference in the quality of the air of each room collected at the ceilings and the floors is very marked.

Examples 42 and 43 are from one of the largest manufactories in the town. The rooms are of great size, but rather restricted in height. As is usual in buildings of the class, ventilators are placed along the side walls immediately beneath the ceilings, and grated openings exist in these latter, so that much of the consumed air of each room passes into the one above. In all there are three tiers of workshops. No. 42 represents the lower one, No. 43 the upper; and notwithstanding the much greater breathing space secured to each occupant of the upper room, the air is much more contaminated because of the foolish arrangement of passing the foul air of the bottom apartments into those above, instead of directly into the outer atmosphere.

The air of the Free Public Library requires attention. Either increased ventilating area—both inlets and outlets—is required, or the present arrangements are not under proper control. No. 45 shows that the suburban atmosphere of Leicester is of very fair character.

*Condition of Atmospheric Air of Public and Private Buildings in Leicester.*

| | Nature of Building. | Number of persons present. | Space for each person in cubic feet. | Temp. of outer air in F. degrees. | Temp. of building in F. degrees. | Carbonic acid per 1000 of air. | Number of gas-lights burning. | Remarks on Ventilation. |
|---|---|---|---|---|---|---|---|---|
| 31. | Newspaper office: Compositors' room | 10 | 400 | 55 | 65 | 1·11 | 6 | Ventilated by staircase. |
| 32. | Ditto Machine room ... | 4 | 1000 | 55 | 65 | 1·23 | 4 | Ditto ditto. |
| 33. | Ditto Compositors' room | 10 | 410 | 52 | 70 | 1·49 | 13 | Small ventilators in walls. |
| 34. | Private house: Floor of bed-room ... | 4 | 365 | 51 | 58 | 1·02 | — | No ventilation. |
| 35. | Ditto Ceiling of same room | 4 | 365 | 51 | 59 | 1·50 | — | Ditto. |
| 36. | Ditto Floor of bed-room ... | 2 | 730 | 51 | 58 | 1·16 | — | Ditto. |
| 37. | Ditto Ceiling of same room | 2 | 730 | 51 | 60 | 1·64 | — | Ditto. |
| 38. | National school: Infants' room ... | 75 | 115 | 60 | 67 | 1·54 | — | Ventilated by open window. |
| 39. | Ditto Girls' room ... ... | 65 | 125 | 60 | 65 | 1·39 | — | Ditto ditto. |
| 40. | Private school ... ... ... ... ... | 23 | 107 | 60 | 62 | 1·20 | — | Ditto ditto. |
| 41. | Ditto ... ... ... ... ... | 14 | 100 | 61 | 64 | 1·21 | — | Ditto ditto. |
| 42. | Elastic web manufactory: Braid room | 100 | 990 | 55 | 64 | 1·78 | 150 | Ventilated at side walls and ceiling. |
| 43. | Ditto Weaving room | 50 | 1650 | 55 | 66 | 3·28 | 90 | Ventilated at side walls and ceiling. |
| 44. | Public library: Reading room... ... | 150 | 700 | 52 | 60 | 2·06 | 50 | Ventilators in ceiling. |
| 45. | Open air in south-west suburbs ... | — | — | 66 | — | 0·46 | — | |

THE "Georgia Medical Companion" reports a case of glanders in a man cured by the internal exhibition of carbolic acid.

ON some parts of the Continent excellent results are said to have been obtained by treating chancres locally with chloral.

# A Mirror
OF
# HOSPITAL PRACTICE,
## BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## KING'S COLLEGE HOSPITAL.

THE following operations were performed at this hospital on the 27th ultimo:—

### REMOVAL OF SCIRRHOUS MAMMA.
(By Sir WILLIAM FERGUSSON.)

The patient was a married woman, aged forty-three. She first noticed a swelling in the right mamma twelve months ago; but now the whole gland was converted into a firm dense mass, and there was also extensive implication of the axillary glands. Otherwise the woman looked healthy and well nourished.

The breast was removed in the following manner:—A long elliptical-shaped incision, extending from nearly the middle line of the chest to the axilla, was made through the skin, and then the tissues were cut wide of the tumour, the pectoral muscle being freely exposed, although the cancer did not appear to have implicated it. The mass of diseased axillary glands was then removed, being for the most part torn away, the knife being used very sparingly. A few vessels were tied, and the wound brought together by silk sutures supported by strapping and pads of dry lint.

Sir William thought that the duration of the disease was probably longer than twelve months, as it is very rare to find scirrhus spread so extensively in so short a time, nearly all the axillary lymphatic glands being diseased. It was true that some of the diseased glands were only small, but these were just as dangerous as the large ones, and it was therefore of the first importance to get them all away. This is best done by the finger and thumb, partly because there is considerable danger in using the knife in this region, but chiefly that the diseased structure can be more effectually removed by this process of enucleation than by dissection with the knife. The great advantage of enucleation by manipulation was well shown in this case; for, after the diseased structures had been removed, the large axillary vein was seen exposed for a considerable extent, and had the knife been used the vein might have been seriously injured. Sir William further remarked that it would have been bad surgery to have removed the diseased mamma and left the glands; for, from experience, it is well known that cancer in the axillary glands is much more rapid and destructive than when it is confined to the breast.

### DISEASE OF LOWER END OF FEMUR AND KNEE-JOINT; AMPUTATION.
(By Mr. HENRY SMITH.)

The patient, a thin, delicate-looking man, between thirty and forty years of age, had suffered from disease about the knee-joint for over twenty-five years, during which time he had been more or less crippled. Latterly, the disease had extended, and the patient was recently admitted into the hospital with the right knee-joint full of pus. Incisions were made into the joint, and a large quantity of pus let out, with temporary relief to the patient. There was, however, extensive disease of the femur at the lower part, and, as the man's health was suffering considerably from the excessive suppuration, amputation through the thigh was advised, and to this the patient consented. Accordingly, the diseased limb was removed by antero-posterior flaps about the middle third of the thigh, the posterior flap being a little longer than the anterior. The femoral artery was compressed against the pubes by means of the thumb. On transfixion a quantity of thick curdy pus escaped. Several vessels were ligatured, and the flaps then brought together by silk sutures, supported by strips of wet lint, and a bandage over the end of the stump.

Mr. Smith remarked that excision of the joint could not have been done in this case, as, on account of the disease of the lower end of the femur, at least four inches of that bone would have to be removed.

## ST. MARY'S HOSPITAL.

### ACUTE YELLOW ATROPHY OF THE LIVER; DEATH.
(Under the care of Dr. SIEVEKING.)

THE following notes are communicated by Mr. Cole, house-surgeon.

Henry F——, aged twenty-four, a coachman, was admitted into the Albert ward on the 25th of June. He was single, and of sober habits. No history of syphilis, nor any fever. He was quite well until a week before admission, when he was taken ill with pains in the back and abdomen, and sickness. On the 26th the following notes were taken:—The patient complains of pain in the back and loins, slight headache, pain in the epigastrium, and in the legs if he tries to walk. There is general jaundice of the trunk and extremities; conjunctivæ yellow; tongue moist and furred; bowels regular; pulse 44; temperature normal; urine scanty, sp. gr. 1020, contains a large quantity of bile, but no albumen. Hepatic dulness extends from the level of the right nipple to three inches below the margins of the ribs. Ordered three grains of calomel at bedtime, with an ounce and a half of compound senna mixture in the morning; and to have infusion of broom, with some spirits of nitrous ether, three times a day. Simple diet.

July 1st.—Patient restless and somewhat strange in his manner.

2nd.—Jaundice not diminished; hepatic dulness extends only as low as the eighth rib. Ordered a hot bath in the evening; after which the patient became violently delirious, and apparently in pain from inability to pass his urine, which had to be drawn off with a catheter.

3rd.—Answers questions with difficulty. Some difficulty in swallowing; bowels relaxed. To have one drachm of taraxacum added to his mixture.

4th.—Patient violently delirious at intervals of about twenty minutes during the night. The delirium is followed by a heavy comatose condition, from which he can be roused. Urine is passed involuntarily, and under the microscope shows crystals of leucine. Bowels relaxed; pulse much quickened (120) during delirium; temperature 97·8° F.

5th.—Area of hepatic dulness extends from the lower margin of the fifth rib to the seventh rib. Jaundice continues. Ordered to have spongio-piline soaked in a lotion containing one drachm of nitro-muriatic acid to the ounce applied to the region of the liver. To have ten minims of ipecacuana wine and one fluid ounce of taraxacum every four hours.—10 P.M.: Temperature in axilla 106·5° F.

6th.—5 A.M.: Death.

*Autopsy, nine hours after death.*—Liver small, and in parts softer than natural. On section and on the surface were numerous yellow patches, where the acini could not be distinguished, giving the liver the appearance of agate. Under the microscope, the liver-cells were found to be in an advanced state of fatty degeneration; but no leucine or tyrosine could be seen for several days, and then only the former. The hepatic vein was distended with blood. Weight of liver, forty-four ounces. The gall-bladder contained about an ounce of pale greenish bile. The kidneys appeared healthy, but were larger than usual. The spleen was enlarged and congested. Heart healthy; but beneath the visceral pericardium was a considerable amount of ecchymosis, especially on the left side. Lungs congested; the right in a state of red hepatisation. Brain natural, and not coloured like the other tissues of the body; dura mater tinged yellow.

Dr. Sieveking remarked that the above name fully expressed the more evident conditions of the disease, without involving any theory as to its intimate nature, which is not at present known. The symptoms do not accord with the views ordinarily taken as to what constitutes *inflammation* of the liver. The case is further interesting, inasmuch as it occurred in the person of a young man in whom none of the ordinary causes of the disease could be found to exist. The prognosis is very unfavourable and the treatment unsatisfactory, as we are ignorant of the true nature of the disease; and, further, the disease is rarely recognised with certainty till the symptoms of blood-poisoning show themselves, which in turn indicate an advanced degeneration of liver-tissue.

## ST. GEORGE'S HOSPITAL.

### A CASE OF VICARIOUS MENSTRUATION; DEATH.

(Under the care of Dr. CLARKE.)

FOR the following notes we are indebted to Mr. E. R. Rowland, resident obstetric assistant.

J. C——, aged eighteen, was admitted into the hospital on May 30th, 1872. The history of the case is as follows:—Her family were healthy. She was single, and had never seen any catamenial discharge; but for three months before admission she had from time to time suffered pain at the lower part of the back and between the shoulders. During these attacks of pain she had bleeding from the nose and gums, which lasted about a week, and then ceased, returning again after the interval of one month. For two or three weeks before she came into the hospital she had had great irritability of her skin; to relieve which she had recourse to scratching, but this gave rise to immediate bruising of the parts. For four months past she had complained of pain in the left side, accompanied with difficulty of breathing, cough, and spitting of blood. She had never had rheumatic fever; but about five years ago she suffered from chorea.

On admission she was very anæmic, the lips and conjunctivæ being almost bloodless. She suffered from shortness of breath, and had frequent bleedings from the nose, mouth, and skin. She said she had never menstruated. There were hæmorrhagic spots on the tongue, inside the lips, and on the gums. Some of the spots on the tongue were as large as half a split pea, and the tip was so covered with ecchymoses that it had the resemblance of a strawberry. The lips were cracked, and on the inner side were numerous ecchymosed spots. The surface of the chest was more or less marked with these hæmorrhages, but here some of the spots could be picked off. At the places where scratching had been practised there were distinct bruises. On the legs and thighs the spots had more the character of the hæmorrhages seen in purpura. In many places the blood seemed to have actually exuded from the skin, as they could readily be lifted off; but there was no evidence that mechanical means had been employed to produce them. For four or five days she had suffered from epistaxis. On examining the chest, a loud mitral murmur, most marked at the apex, was heard, the heart's action being very irregular and rapid. The lungs were resonant, and air freely entered; but the breathing was rapid and laboured even after slight exertion. There was a troublesome cough, and occasionally the patient spat blood. There was no vaginal orifice; the small cavity representing the canal of the vagina ended in a cul-de-sac, and was not deep enough to hold a teaspoonful of fluid. The urethra was in the middle of this cavity. The labia majora were well formed, but small, and there was an ordinary amount of pubic hair. The space between the rectum and the urethra measured about half an inch. On passing the finger into the rectum, no uterus could be discovered; and, when a catheter was introduced into the bladder, it could be distinctly felt through the anterior wall of the rectum. Numerous ecchymoses were present on the inner side of the labia majora. The patient was ordered beef-tea, milk, and eggs.

May 31st.—Breathing easier; ecchymoses still come out; bleeding from nose and gums about the same as above. Ordered two drachms of infusion of digitalis, and twenty minims of tincture of perchloride of iron, to be taken every four hours with some spirits of nitrous ether. At night to have a purge composed of ten grains of calomel and colocynth pill.

June 1st.—Medicine to be discontinued and purgatives to be administered. The patient complained in the evening of feeling faint.

2nd.—Bowels have acted freely; epistaxis much diminished; complains of feeling sick; has vomited. To have some hydrocyanic acid and soda mixture every four hours.

3rd.—Spots gradually fading; bleeding from nose and gums nearly stopped. Purgative medicine to be discontinued.

8th.—Gradually improving.

The patient continued to improve till June 11th, when the breathing became much embarrassed, and accompanied with severe palpitation of the heart, cough, and spitting of blood, death taking place at 3 P.M., consciousness remaining till the last.

*Autopsy.*—Body well nourished; limbs and trunk covered with ecchymoses. Mammæ fairly well developed, but nipples small. Colour of the hair light brown. On opening the thorax the pleuræ were found to be spotted with ecchymoses. The lungs were œdematous, and gorged with blood. The pericardial cavity contained a small quantity of light-red fluid, but the walls were dotted with hæmorrhagic spots, especially the visceral wall. The endocardium at the upper part of the left ventricle was thickened and opaque. The aortic valves were thick, puckered, and inefficient; the mitral valve thickened, and so contracted that the orifice would only admit the tip of the little finger. The muscular walls of the right ventricle and left auricle much hypertrophied. The liver, spleen, and kidneys did not present any abnormal appearance. The ovaries were very well developed and congested, and contained a recent false corpus luteum. The uterus was absent (evidently congenitally), only a small nodule of fibrous tissue being found in the folds of peritoneum between the rectum and the bladder.

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## ST. THOMAS'S HOSPITAL.

### COMPOUND FRACTURE OF THE SKULL; PROTRUSION AND LOSS OF BRAIN-SUBSTANCE; OPERATION; RECOVERY.

(Under the care of Mr. WAGSTAFFE.)

A BOY was admitted into the hospital on the 2nd of March, having been kicked by a horse about half an hour before, and rendered insensible. On admission his temperature was 95·2°, he was pale and unconscious, but his pupils acted. There was a wound over the right side of the forehead, running obliquely downwards and inwards for about an inch and a half; the bone was fractured and depressed, and some brain-substance lay outside and in the wound, and more could be seen pulsating deeply. The amount of depression was not great, but the parts were wedged tightly. No attempts, however, were made at first to replace the fracture.

There were some slight convulsive movements noticed at the time he was taken in; and, about ten minutes afterwards, marked fits of muscular twitching came on, affecting all parts. His pupils were inactive and dilated, and his pulse almost imperceptible. Mr. Wagstaffe, therefore, in the absence of Mr. Croft, had the boy brought into the theatre, and removed so much of the margins of the fracture as to allow him to raise and remove the depressed portion, which was one inch long by half an inch broad. Brain was protruding through a tear in the congested dura mater. The wound was cleansed, and the edges of the skin brought together carefully; but no pad was placed over the seat of fracture.

Immediately after operation the patient had a fit, lasting for some minutes. It commenced in the right side of his face, with spasmodic twitchings of the eyelids and side of the mouth; then followed convulsive contractions of the sterno-mastoid, trapezius, and deltoid of the right side, and slightly in the pronators of the forearm. After vomiting he appeared somewhat less unconscious. Another nearly similar attack came on five hours later. The following day he remained unconscious, but on March 4th he was able to recognise his mother. The wound was opened at the lower end and some retained pus evacuated, but care was taken not to disturb the upper part of the wound over the situation of the rent in the dura mater. After escape was given to the pus from the wound the boy improved rapidly, and no secondary complications arose. His temperature never rose above 98·6°, his pupils were normal, and he was able to get up on March 30th.

On April 29th a loose piece of exfoliated bone was removed, the presence of which had hindered the healing of the wound.

The boy was seen a few days ago, and the wound had healed over, affording a good protection to the deficiency in the skull. The boy is simple-minded, but there appears to be no impairment in intellect. His parents do not consider him altered.

This case is a good illustration of the amount of injury to which the brain may be subjected without serious con-

sequence, but it must be noticed that the boy was young (ten years old), and that in children the brain is not so susceptible as in adults. It is peculiar that, in this case, so little reactionary fever followed the operation, although the wound suppurated; and, further, that the inflammation in the wound did not extend to the interior of the skull. The careful adaptation of skin over the laceration in the dura mater may have assisted to protect the injured tissues from consecutive inflammation, by adhesion over the seat of injury. Another point also to be noticed is, that no pad or pressure was used over the situation of the removed bone, and in all probability any such attempt to give protection against the intra-cranial pressure would be incomplete, and rather productive of harm.

# Reviews and Notices of Books.

*Histoire Médicale du Blocus de Metz.* Par E. GRELLOIS, ex-Médecin en Chef des Hôpitaux et Ambulances de cette place, ex-Médecin en Chef d'Armée, &c. Metz: Libraire de M. Alcan. 1872.

IN this book Dr. Grellois, the principal medical officer of the garrison of Metz, furnishes a full medical history of the siege of that fortress. He commences by an etiological summary of the general impairment of health and prevalent diseases observed amongst the troops and population. A monthly record of phenomena is given for August, September, and October, 1870. The author next deals with the question of food, under the headings of bread, horse-flesh, salt, and drinkable water. The bread was bad rather from defective manufacture than from inferior quality of the materials of which it was composed. Dr. Grellois is favourable to the use of horse-flesh, which he considers to possess nutritive qualities superior to those of beef; and he believes that, *cæteris paribus*, no inconvenience followed the use of this food, the instinctive repugnance excited by it in some persons having no reasonable foundation. He admits, however, that the difficulty is to obtain horse-flesh of good quality, the animals killed being usually worn out, diseased, or dying of hunger, furnishing a lean and hard meat, destitute of flavour. Salt ran very short during the siege, and various expedients were had recourse to for obtaining this necessary condiment. These efforts were, however, quite inadequate.

Pages 41—72 are devoted to an account of the prevailing diseases and wounds. Small-pox caused many admissions to hospital; but, considering the enormous force, 160,000 men, the number (about 400) of cases could not be regarded as very excessive. The prevailing diseases appear to have been typhoid fever and dysentery, neither, however, of a severe type. A few instances of collapse, returned as cholera, occurred; but these were probably cases of perforation of the intestine in typhoid fever. There was no outbreak of maculated typhus and very few cases of this disease were observed.

Under the heading of "Wounds" a brief account is given of injury by the mitraille. The author states that he saw some cases at Metz, but admits that they were rare. The information afforded is too vague to be of any value, and does not in any way increase our knowledge of the injury inflicted by this arm. He dwells upon amputation, and is evidently in favour of primary operation. He says at all events amputation should not be performed during the period of inflammation; if not immediate, it should be consecutive, at some time after the injury when the symptoms have subsided and there is no further hope of saving the limb. Hospital gangrene was very prevalent during the entire siege, attacking wounds and operations in all stages of recovery. He attributes this disease as well as pyæmia to atmospheric pollution. Erysipelas also prevailed in all the hospital establishments, but did not acquire any serious gravity. Frostbite and superficial gangrene of the feet occurred in November.

Chapter VI., devoted to the collecting and transport of wounded, contains nothing new or interesting. Chapter VII. treats of Statistics, Mortality, and Burials; but the information afforded does not support the pretension of these headings. In the chapter on Pharmaceutical and Surgical Supplies, very interesting statements are made regarding the deficiency of these stores, affording evidence of an extreme want of prevision in these matters. The deficiency in surgical instruments was particularly felt, many necessary operations being delayed or not undertaken at all on account of the absence of the necessary appliances.

*A Treatise on the Causes of Heart Disease; with a chapter on the reason of its prevalence in the Army.* By FRANCIS W. MOINET, M.D., F.R.C.P.E. Edinburgh: Bell & Bradfute. London: Longman & Co.; Simpkin, Marshall & Co. 1872.

WE have read this volume with a certain degree of interest. Still it is a disappointing kind of book. The reader feels that the author has ability to grasp a subject if he would only do so; but he doesn't—he touches it, and lets it slip away. The book is agreeably and easily written as regards style, but there is so little in it—so little, at any rate, that is new, or definite and precise—that the reader, on getting to the end of it, wonders what necessity there could be for its publication as a separate volume. The best chapter is the sixth, which deals with Heart Disease in the Army. The author points out one great cause of this, of a mechanical kind. The heart, enclosed in the pericardium, rests on the diaphragm below; while above it is attached to, and held in position by, the large vessels and the reflexion of the pericardium; so that it is always more or less suspended by these attachments of the pericardium when the body is in any position but the recumbent. He gives a diagram to show that the weight of the heart attached to the aorta will tend, in the erect position, to diminish the radius of the arch of that vessel, and consequently to render the angle of the curves more acute; and he examines into those conditions that specially affect the soldier, and account for the relatively greater frequency of diseases of the aortic valve, and of aneurism of the ascending aorta and arch, in military life. The reasoning is ingenious and well worked out; but we think its importance is somewhat exaggerated. The central tendinous portion of the diaphragm, which mingles its fibres with the fibrous layer of the pericardium, moves, relatively, but little in ordinary respiration compared with the lateral portions of the muscle. Still it is a matter of observation that the heart's apex descends during a forced inspiration for an inch or more; but does this imply that the whole organ descends in such a way as to act like a weight suspended from one extremity of the aortic arch? On the contrary, the descent is caused by the heart assuming a more vertical position, the movement being mainly of the inferior (apical) portion, and not of the base; and much of the descent is apparent rather than real, from the elevation movement of the ribs. The increased frequency of the pulse in the erect posture is chiefly attributable to the effect of the greater muscular exertion required in that position; for if the body of a person experimented on be placed horizontally on three chairs, and the middle one of the three be removed, so that some effort is required to maintain the horizontal, the pulse becomes accelerated. We suspect that the frequency of aortic disease and aneurism in the neighbourhood of the heart is mainly due to the increased force of the current of blood at that part, and the presence there of greater resistance by the arch formed by the aorta.

## OUR LIBRARY TABLE.

*The American Journal of the Medical Sciences.* Edited by ISAAC HAYS, M.D., Fellow of the Royal College of Physicians, Philadelphia. New series, Vol. LXIV. Philadelphia: Henry C. Lea. 1872.—We regard this journal as very creditable to those engaged in conducting it. It commonly contains some good original papers, and the reviews and analyses of books are generally conscientiously and well done. Among the original communications of the present number we may allude to one by Dr. Hill, surgeon in the United States army, on Carbolic Acid, and another by Dr. Samuel B. St. John, of New York, on Plastic Apparatus in Surgery, with especial reference to the variety made with plaster-of-Paris, as practical papers well worthy of perusal.

*Town Geology.* By the Rev. C. KINGSLEY, F.L.S., F.G.S., Canon of Chester. London: Strahan and Co., Ludgate-hill. 1872.—There is no reason why we should do more than briefly notice this work, which has shaped itself out of lectures given to young men of the city of Chester. Books of this kind are eminently healthy. They do not aim at going very deep. The subjects are touched with a light hand, and in a discursive, easy style; but the information is sufficiently accurate to be of value; and, what is of far more use, this kind of book tends to make people observe and think for themselves. Canon Kingsley never forgets that he is a clergyman, but there is a frank, fresh spirit about all that he writes which always prevents a schoolboy from regarding him as a prig. The papers bear evidence here and there of having been somewhat hastily put together by their author; but "Town Geology" will have many readers among intelligent, if still amateur, dabblers in such studies.

*The Two Ysondes, and other Verses.* By EDWARD ELLIS. London: Pickering.—The muse so seldom casts her robe over a member of the healing art, that when we do find a *confrère* taking a gentle canter up the slopes of Parnassus we feel constrained, although the matter is out of our strict province, to notice the fact. The Two Ysondes, the best portion of the little book under notice, is rather ambitious for a first attempt, and was evidently suggested by one of the Arthurian legends—that inexhaustible well from which contemporary poets drink their inspirations. We have read far worse verses than the Two Ysondes: the poem contains germs of true poetry, which, if fostered, may bud and blossom, and survive even the nipping blasts of adverse criticism. Although some portions of the book are decidedly weak, the tone and sentiment of the whole are good, which is no small matter nowadays, when the "fleshly school" is rampant both in verse and prose.

*Conversations on Natural Philosophy in which the Elements of the Science are familiarly explained.* Fourteenth Edition, revised and edited by F. MARCET, F.R.S. London: Longmans. 1872.—Mrs. Marcet possessed much skill in approaching, discussing, and (up to a certain point) exhausting a subject by the method of conversation. She was more successful in her scientific than in her historical books, partly because the subject-matter of the former admitted more readily of question and answer; partly because the moral sciences on which history is based are less exact and less easy of definite treatment than those which form the groundwork of physics. Her "Conversations on Natural Philosophy" has long been regarded as one of the best introductions to the study of that subject; and this, the fourteenth, edition has been brought up to the latest results of physical research by the judicious superintendence of Mr. F. Marcet. The conversations on Spectrum Analysis and Solar Chemistry, illustrated by beautiful copper-plate diagrams, are dexterously linked on to the foregoing, and render the volume a complete, as well as accurate and entertaining, introduction to the fascinating study with which it deals.

## ARMY MEDICAL REPORT FOR 1870.*

WE have already afforded our readers a brief extract from the Departmental Blue-book for 1870, showing the general sanitary condition of the army at home and abroad during that year, and we now propose to discuss after a fashion that must necessarily be somewhat superficial and discursive the numerous papers which make up a volume of 671 pages. *Imprimis* we may state the general impressions that we have derived from its perusal. It would be very easy to make some selections from the volume that would convey an excellent impression as to the good scientific and sanitary work performed by the department, and this is obviously the easiest as well as the most agreeable method of procedure on the part of a reviewer. We fully recognise the value of these reports, and it is on that account that we desire to discriminate in the bestowal of the praise which they as a whole merit. Having said thus much, we shall venture to make a few remarks by way of criticism.

The Report strikes us as too bulky. We cannot help thinking that the number of statistical tables might be reduced without in any way detracting from its value. This is a publishing age. Book succeeds book with great rapidity, and a short interval suffices to represent layers of literature in a regular series, superimposed, as it were, one upon the other, like geological strata, with this difference, however, that one is puzzled at the shortness instead of the length of time involved in their production. Life is really too short to examine, much less to study, half the Blue-books under which our table groans almost as much as we do ourselves. It is not only the reports furnished by the various public departments in this country, but the series of statistical, sanitary, and medical reports from India are so numerous, that it is impossible to do justice to a small section of them. We should be well content, and we imagine medical officers and members of Parliament would be so too, with a more summary statement of the facts and figures of the year. It does not seem to us necessary to publish all the items from which the statistical conclusions are deduced in so many tables. So much for the statistical. Now for the sanitary and medical sections. These contain very much that is good and some that is uninteresting or scarcely worthy of publication. The sanitary improvements at a station are often relatively insignificant, and might well be condensed into a general expression such as some of the inspecting medical officers have used, to the effect that numerous minor improvements had been carried out, those of a major, important, or of an interesting character, from involving some new principle or method, alone being detailed at length. There is a new feature in the present volume, the introduction of which we suggested—viz., special reports from the medical and surgical divisions of the Royal Victoria Hospital at Netley. These reports are good, and we shall have to speak of them more fully hereafter. Considering the strength of our army, the different climates and parts of the world where our troops are stationed, and the number of cases of disease and injury that must be treated in the space of a year, we think that the number and character of the cases reported in these volumes are scarcely what might be expected. The truth really is, we suppose, that the inducements to carry out and record purely professional work of a scientific kind are insufficient, and we should be glad if something were done in this direction. The army has, speaking generally, been very healthy during the year under report. We have had no war lately—happily for the taxpayer, if not for those officers who are hungering and thirsting for promotion; no epidemic of importance seems to have occurred at any military station, and we

* Army Medical Department Report for the Year 1870, and Supplement to Report of 1869. Vol. XII. Presented to the Houses of Parliament by command of Her Majesty. London: Harrison and Sons. 1872.

miss, therefore, the special reports accurately detailing the circumstances attending an outbreak of epidemic cholera, fever, or heat-apoplexy that have formed one of the best features in the former volumes. The Appendix contains numerous papers on a variety of subjects, some of which are well worthy of study. This section of the volume leads off with Prof. Parkes's Report on Hygiene for 1871, which is, invariably, a valuable and very useful *résumé* of all that has taken place in this direction. The same author contributes an article describing a new form of Cape tent, with a report of it as tried in the autumn manœuvres by Assistant-surgeon Lane, 4th Regiment. The Field Medical Service of the Prussian army, and Battle-field Surgery, including the general and sanitary treatment of wounds, form the subjects of two good, practical, and crisply-written papers by Surgeon-major Fitzgerald, F.R.C.S. Professor Longmore, besides his Report of Cases in the Surgical Division of the Netley Hospital, contributes articles on the "Perpetuation of Attitude or Facial Expression in Soldiers killed by Gunshot Wounds" and a "Case of supposed Ocular Disease." Professor Maclean, C.B., furnishes the report for the Medical Division of the same Hospital. Dr. Mackinnon, C.B., gives a list of the operations performed at the same establishment from 1867 to 1870, with abstracts of cases and comments. The number of operations is not so large as might have been expected; but, *en passant*, we may say that the surgical work is most creditable to Netley and to Dr. Mackinnon, by whom a larger number of the operations were performed. The paper by Assistant-surgeon Welch, F.R.C.S., Assistant-professor of Pathology, strikes us as an excellent specimen of honest scientific work. The Medical History of the Red River Expedition, Inspector-general Lawson's report on the Medical Arrangements for the last Autumn Manœuvres, and a description of Wellington, Madras, with abstracts of cases of surgical and medical interest, make up the more important part of the volume. To these we must return on a future occasion.

## DR. RICORD ON SYPHILIS.

*(Meeting of the British Medical Association at Birmingham, August, 1872.)*

IN the Surgery Section a paper was read by Mr. Acton, M.R.C.S. Lond., on the Treatment of Syphilis.

The Chairman (Sir W. Fergusson) then introduced Dr. Ricord, of Paris, who received a hearty welcome from the meeting.

Dr. RICORD, after acknowledging the reception which had been accorded him, said he had not prepared an address, as he had not come with the intention of speaking; but Mr. Acton had caught him and obliged him to speak, which was a trick. (Laughter.) He had come to listen and to learn, but not to teach. However, he must say something, though there was no necessity for him to say much, as Mr. Acton had so nearly stated his views and his mode of treatment that there was very little for him to add. There was one great question in regard to syphilis, and it was this: could it be cured radically? In former times all venereal affections, no matter what, were considered as belonging to syphilis, and certainly there was then an immense number of radical cures by mercury or any other means. In this way swellings of the glands, soft chancres, even warts, and other things not belonging to syphilis, were easily enough cured, radically cured; and there were no after-consequences, no secondary symptoms. This explanation would account for the immensely large number of cases of (reputed) syphilis which used to be radically cured. But, since syphilis had been correctly diagnosed, the inquiry to which he had devoted a large part of his life was to see what belonged to syphilis, and what resembled it without belonging to it. There had been great differences in the results of treatment—so much so that a doubt, as Mr. Acton had said, had arisen whether real syphilis could be cured. That doubt as to the curability of syphilis was not recent; it was a doubt which old authors had expressed; and one particularly, with a curious name, which they would probably remember—"Mercurialis"—thought that now and then an armistice might probably be made with syphilis, but that there was no real cure. In fact, they frequently saw that a long time—months, years—after the symptoms had been treated new symptoms appeared. And so the doubt whether syphilis could be radically cured, or whether the cure was only temporary, with a prospect of the symptoms returning, might still remain; he (Ricord), however, had established the law of the unicity of the diathesis of syphilis. The law of syphilis was the same as the law of small-pox, cow-pox, or measles. A man could have but one attack so long as the disease remained in the constitution—that was to say, according to his opinion a new attack could not take place while the system was still under the influence of the old diathesis. Well, it was exactly so with syphilis; as long as a patient was labouring under the diathesis of syphilis, another *infection* of syphilis could not occur—it was impossible. For instance, after indurated chancre, and the appearance of secondary symptoms, it was not possible for the patient to contract a new indurated chancre, with swelling of the glands, manifestation of skin disease, and so on. After one attack the patient could not have another infection as long as the influence of the first remained in his body; a second contagion could not take possession of the system at the same time. If, perchance, something of the kind took place, the symptoms would not follow the regular evolution. So, when a patient had constitutional syphilis, if a new chancre appeared to be hardened they would not find the glands swell, or the early manifestation of skin disease appear; and so of other symptoms. Superficial ulceration might take place, just as a spurious form of vaccination might arise on one who was still under the vaccine influence; but it was not a true case, it was not attended with the sequelæ. But if the constitutional disease were cured, if the syphilitic disposition were completely eradicated, then the patient would be able to contract a fresh indurated chancre, with all the subsequent symptoms. If this were the case—and he had observed it with great care, his experience dating back forty years—it proved that syphilis could be cured; and if syphilis could be eradicated, to ascertain whether a patient was cured or not when all the symptoms had disappeared there would be nothing else to do (though he knew that could not be done) but to try inoculation from an indurated chancre. If vaccination did not take, they were sure the vaccine disposition continued; if it did not continue, vaccination could take effect. In regard to syphilis, the proof had not been carried to this extent; but he had been able to observe that as long as the syphilitic influence continued, a patient could not contract an indurated chancre anew, and that, consequently, if cured, a new infection might take place. This was a great point gained in science, and it proved what he had said, that syphilis could be radically cured. Now, as to the treatment of the disease. As he had told them, Mr. Acton's ideas were completely his ideas, explaining his manner of treatment and his practice. He would first speak of the treatment of the first stage—that was to say, the primary sore. As soon as he had ascertained that there was a hardened chancre, with a swelling of the glands—not inflammatory, because the glands in this case never suppurated,—he immediately instituted the mercurial treatment. There was one point on which there was some difference of opinion: many believed that it was impossible to prevent the accession of the secondary symptoms, the first manifestation of constitutional disease; many thought that no matter what treatment was employed the sequelæ would appear. Well, he had ascertained that if the treatment were soon begun and well carried through, the bursting out of the first secondary symptoms, the roseola, the swelling of the glands of the neck, &c., might be prevented. If this were not frequently the case it was because the treatment was resorted to too late, when the disease had had time to take root, and secondary symptoms were about to show themselves. In such cases it was not astonishing that secondary symptoms should appear, and the treatment ought not to be blamed; if the treatment were steadily continued they soon disappeared. But if the treatment were begun early, the observation of forty years gave him the assurance that secondary symptoms would not appear. When secondary symptoms had appeared the best treatment was, as Mr. Acton had said, mercury. If they wished for a perfect cure, this

treatment must be continued. In general it was not persisted in long enough; it was dropped as soon as the symptoms disappeared, or a short time after, and then it was not astonishing to see them reappear. But if the treatment were continued five or six months, having regard at the same time to sustaining the constitution in general, relapses would be found to be infrequent. He observed very few cases of relapse, and there would not be many when the treatment was well kept up—when the patient had patience enough, and the physician sufficient courage. After six months of that treatment and no symptoms reappearing, then the treatment with iodine must be begun, and continued for five or six months more. When a patient went to him, he said, "You will have a year's treatment—do you consent to that?" "Yes." "Very well; we will go on. If not, Good bye." There were cases in which syphilis occurred in a healthy person—the only disease was syphilis. Then treatment was very easy—the case was a simple one; they had but one enemy to fight—all went on regularly. But, unhappily, in many instances syphilis was not alone; there was something else—scrofula, skin disease, scurvy, low constitution, poorness of the blood. They must understand that such complications as these altered the case; the treatment did not act so powerfully as it would do in the first case, as many of these complications were aggravated by the treatment. For instance, syphilis and scurvy might coexist—and the characteristic of the latter was poorness of the blood, while that of the former was a plastic condition of the blood. Here, therefore, was a counteracting influence to the treatment for syphilis. Now one thing must be known. Perhaps he was speaking too long? (No; go on.) Well, in many instances syphilis became the secondary consideration, and they must begin with the constitution of the patient, as debility was the disease that required first treatment. They must attack the strongest enemy first. Syphilis was sometimes quiet, and stopped and waited till they came to it. So, when they had improved the constitution, they might commence with the treatment, and they must begin by treating the constitutional complication. The best treatment was the proto-ioduret of mercury. The stomach bore this well in general. Sometimes it gave rise to a little diarrhœa, which was an easy thing to moderate; but when the stomach was not tolerant of the remedy, one capital treatment was that which Mr. Acton had told them he had confidence in—namely, rubbing-in. If this were not an unpleasant and disagreeable operation, certainly it would be in general about the best; he himself should prefer it. In rubbing-in, the action of the remedy was powerful and quick, and the stomach was not at all troubled with it. If it were not so disagreeable, and were a thing that could be done without being noticed, he should give it the preference. However, there were cases in which the skin was otherwise affected, in which there was a skin disease, and then friction could not be used. In a case of complication of syphilis and herpes rubbing-in could not be resorted to. In general, patients bore the iodide of potassium well, and in large doses. For his own part he frequently employed forty, sixty, eighty, even a hundred grains a day, and more. They must bear in mind that if they gave too small doses to some patients they would have no result; it was a remedy that passed through the body with great rapidity. He had had great experience of it, and he had found that in half an hour it had passed away in the urine. Iodide of potassium was a sort of broom of the blood. So they saw that the methodical treatment was this: mercury, iodide of potassium. But only one for the first stage, and only the other for the later stage of syphilis? No, the rule was absolute that as long as there were secondary symptoms well marked, mercury must be given; when there was a mixture of secondary and tertiary symptoms, mercury and iodide; for tertiary symptoms, iodide. To treat some patients with iodide would not advance them in any way. Why? Because there was frequently in the constitution, in the blood, something of the second stage, something that required the mercurial treatment. This might not show itself, but when iodide of potassium ceased to do good, the disease remaining stationary, let them go back to mercury again, and they would have a splendid result where they had thought there was no further possibility of curing the patient. This was what Mr. Acton had said, and he was completely and absolutely of Mr. Acton's opinion. But there was another thing. When syphilis had lasted for a long time, and had had a great effect on the constitution, it in some way disappeared, and left the patient with a complication existing that was not existing before. Sometimes a long course of treatment brought on a new disease—wasting of the constitution, poorness of blood. They must then stop all the specific treatment, and, applying themselves to the principal symptom, restore the constitution by preparations of iron, bark, tonics, and proper food, so bringing the patient back to the possibility of undergoing anew a regular methodical treatment, either by mercury or iodide, or a combination of these two remedies. In former times, when a person was thought to be syphilitic, physicians seemed unable to entertain any other idea than that of syphilis, and acted exclusively against a specific disease, neglected everything else, and in that way they experienced all the bad effects and accidental symptoms which a bad administration of the symptoms would produce. Mr. Acton had spoken of the use of bromide of potassium. His views were exactly the same as Mr. Acton's with respect to the use of the remedies at different stages, the necessity of having regard to the complications that might exist, and of dropping the treatment for a while till the constitution was restored. This was regular and methodical, and his own manner of practice. But now, was bromide of potassium an anti-syphilitic remedy? He did not believe that it was. He might be mistaken; but he had experimented with it in syphilitic symptoms, and without any apparent result. But it was a splendid remedy in complications of syphilis. In some cases of symptoms referable to the nervous centres, bromide of potassium was an adjunct, and came to the help of mercury or the treatment by iodine. In some cases of brain disease, with syphilis, and of disease of the spine or epilepsy, bromide of potassium did wonders. So that they would see it was a remedy to be applied in nervous complications that might occur, but they must not depend on it as an anti-syphilitic remedy. Now, there were symptoms following syphilis which were not syphilitic, and these must not be treated with mercury or iodide of potassium. For instance, there might be necrosis. Well, they could not bring a dead bone back to life, no matter what quantity of mercury or iodide of potassium they might give. A physician must know these things, and he (M. Ricord) ought almost to apologise for bringing them forward. It should be observed that specific remedies did not always act specifically. Certainly, there was no specific effect without a specific cause, but specific causes did not always act specifically. So there were some effects of syphilis, such as disease of the bones, that would afterwards act as a common irritant. In syphilis there might be an ulcerated bone in the nose or mouth, bringing on suppuration; mercury or potassium would not remove that, but let the diseased bone be removed, and the patient was frequently cured. They must take note of all these conditions—the nature of syphilis, the manner in which it conducted itself, its action on the constitution. Let them particularly take note that the general law of syphilis was the same as the general law of small-pox, vaccine, and measles. If they were sure of this from what he had said and from their own experience, then they might be sure that syphilis could be perfectly, radically cured. They could tell their patients that, and give them courage and hope. If the patient had courage to go through with the treatment, and the physician had courage enough to stick to it, the patient might be radically cured. He thanked them for the reception they had given him; it reminded him a little of his hospital in Paris.

A question was asked whether Dr. Ricord was a believer in salivation.

Dr. Ricord replied—No, surely not. Salivation was an accident following the treatment, and it must be avoided as much as possible. There was but one case in which he approved of salivation, and that was in disease of the eye—iritis. When this occurred, and salivation was brought on, the inflammation of the iris subsided.

The Chairman conveyed the thanks of the meeting to Dr. Ricord, and observed that they must all feel obliged to the gentleman who put the question about salivation. It was very pleasing to himself to hear that the old-fashioned system of looking to salivation for everything did not hold a place in Dr. Ricord's mind.

THE LANCET.

LONDON: SATURDAY, AUGUST 17, 1872.

"CHACUN de nous, en contemplant sa propre histoire, ne se souvient-il pas qu'il a été successivement, quant à ses notions les plus importantes, théologien dans son enfance, métaphysicien dans sa jeunesse, et physicien dans sa virilité?" While this famous question may be answered in the affirmative, it cannot, if extended to the history of human opinion, be received without modification. It derives no confirmation from the record of medico-psychological science, for instance. There the scientific stage preceded the theological and the metaphysical; and the two latter, instead of being, as M. COMTE would have them, successive, were really coincident, if not inverted, in the order of their appearance. In the treatises bearing the name of HIPPOCRATES the scientific estimate of the causes and treatment of insanity has been substantially anticipated, the physical nature of the malady set forth, and its relief by physical and moral agents prescribed. Centuries later than HIPPOCRATES, the metaphysical doctrine as to the cause and treatment of insanity prevailed; the mind being regarded as an entity totally independent of, if not out of relation with, the body, and answerable to its own peculiar laws of health or disease. Coincident with, or rather immediately supervening upon this, the neo-platonic view, came the theological, which preached contempt of the body, and sighed for the time when the

"Animula vagula, blandula
Hospes comesque corporis,"

might be disenthralled from its earthly prison-house, the abode of the carnal lusts which war against it. Under this belief, coloured by the ascetic monasticism of the early Church, arose the treatment of the insane as beings possessed by demons, which had to be exorcised by the dungeon, the chain, and the lash—by treatment worse than that vouchsafed to the beasts of the field.

"Tantum Religio potuit suadere malorum."

Closer and closer, with increased community of interests, came metaphysic and theology; and from their union was evolved the monstrous paradox that mind could be reached only by studying it *per se*, and that not by inductive inquiry, but by the "high *priori* road" on which subsequent speculation has toiled unceasingly and in vain. If the theologian despised the body, as framed only to be "crucified," the metaphysician despised its students as grovelling and feeble empirics, who lacked strength of intellectual wing to outsoar the limits of time and space. It was under the despotism of this essentially scholastic and non-natural system of thought that the legal view and the medical treatment of insanity arose; and though the peculiar theology, and not less peculiar metaphysic at the bottom of it, has waned, still the practice it prescribed has, as often occurs in human history, survived the theory which inspired it.

The death blow to this metaphysico-theological system has been dealt by inductive research. Mind is no longer regarded as operating *per se*. Not only the intellect proper, but the moral sense and the will are now included in the domain of physical inquiry, as evolved under physical conditions. To the dismay not only of the metaphysician but of the jurist, these latter powers, in their healthy or diseased manifestations, are now annexed by a remorseless induction; and though the annexation is resisted with the desperate stubbornness of those who, having lost their outposts, are driven back into their citadel, it needs little foresight to predict the issue of the struggle. We have to thank Dr. MAUDSLEY, in the brilliant address with which he opened the Psychological Section of the British Medical Association, for a very able contribution to the scientific solution of the central enigma of psychology—the coexistence of moral insanity with sound reason,—an enigma which a previous generation regarded as insoluble, and which some pleaders apparently would prefer to remain so. It is nothing to the point that we cannot bridge the gap between nerve elements and mind. Can we explain how molecular movements of one kind become heat and molecular movements of another kind become chemical action? That matter is capable of mental function was believed (as Dr. MAUDSLEY well points out) by MILTON; but science must have reasons of her own for such belief. Between moral sense and brain is it irrational to suppose that there subsists the same relation as between intellect and brain, or between any special sense and its special ganglionic centre? Science will answer, No; and with all the more readiness when experience points to a degeneracy of moral function coincident with degeneracy of physical constitution, just as it shows degeneracy of intellect coinciding with the same physical condition. "Between the drivelling idiot equally destitute of intellect and moral feeling whom no training can raise to a human level and the highest example of intellect and moral feeling there are beings marking every step of the long gradation"; from utter void of moral sense we may mount through every grade of deficiency up to its highest state of development. Training may do much to retrieve inherited flaws of constitution; but these are too strong, too slowly evolved, to be effaced in one or in many generations. The hopelessness of undoing organised defect of constitution is seen in habitual criminals who are really without moral sense—are, indeed, "true moral imbeciles." As specimens of mankind they are physically as well as morally degenerate. Weak in intellect, they are strong in animal cunning; their children inherit an intensified form of the same qualities, are hardly amenable to education, and take to crime naturally. The accomplished surgeon attached for so many years to the Perth County Prison corroborates this observation; and attests the futility of attempting, either by kindness or severity, to keep the criminal class from doing wrong day by day. Absence of moral sense, so conspicuous among them, is indeed coincident with congenital fault of organisation; and the physician finds the same phenomena—issuing in cleptomania, lying, and other vices,—though much less frequently, among the upper classes. Pushing inquiry into these cases, he finds some

neurosis of constant or periodic occurrence in the family. The family diseases have been nervous, and of these they have oftenest died. That the physical neurosis should have its mental side who can doubt? That the mental can be cured, any more than the physical, who will assert? "Can the Æthiopian change his skin, or the leopard his spots?"

In support of this proposition Dr. MAUDSLEY contents himself with citing two cases. The first is that of the Brighton poisoner, CHRISTINA EDMUNDS, whose moral insanity was so stoutly denied by the forensic mind at her trial. Nothing can be more conclusive than the *catena* of family neuroses which he traces link by link, till it issued in that typical specimen of the morally insane. The other case is that of the French innkeeper in the first Revolution who murdered wholesale the nobles decoyed into his house, and whose progeny culminated by a sort of Greek necessity in an asylum. Extreme cases those, but implying the existence of lesser grades up the scale till moral eccentricity, harmless in itself, is merged in foible, and so on till the standard of moral soundness is reached. The moral sense, "inherited by most persons, though some appear to be born without it, is developed by culture, decays from disuse, and is perverted or destroyed by disease." The last faculty to appear in evolution, it is the first to yield to disease—a condition which betrays itself in subtle forms, becoming gradually more palpable till actual derangement supervenes. The amplitude of illustration with which Dr. MAUDSLEY placed his thesis before his medical audience has doubtless been already appreciated by our readers, who can hardly fail to agree with him that "the best of the argument concerning the origin of the moral sense is with those who uphold its acquired nature." Indeed, his exposition, lucid and calm as it is, is but an application to the higher faculties of man of the great doctrine of evolution. Year by year that doctrine is gaining ascendancy over educated minds. We say nothing as to theories of creation. For us, as practitioners of medicine, it is enough if we get its validity accepted by that sister profession with which we are oftenest brought into contact and collision. The law, if it means to retain the respect of an ever more enlightened community, must relax its confidence in precedent, and incorporate with its standards a little more of the ascertained results of science. It will not do for it to sneer at "mad doctors," and treat all medical witnesses, experts or general practitioners, as equally wedded to unworkable theory. It must not (as has often been remarked) assume towards medicine the attitude so long held by the Church towards geology. At the throne of ZEUS, says the old Greek poet, DIKÈ weeps as often as the earthly judge decides wrongly. What emotion would he ascribe to the goddess if the earthly judge decided wrongly through wilful ignoring of the right?

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DR. WILKS'S Address in Medicine, at Birmingham, is an illustration of the truth that very good service may be done to medicine, apart from the discovery of new facts, simply by way of using and presenting facts which have been long recognised. It is very true, as Dr. WILKS says, that we want "more facts and more truth" before the art of cure can have a perfectly scientific basis; but his own exposition of medicine is proof enough that we are at least advancing to this basis, and that enlightened students of medicine, whether teachers or pupils, will never be satisfied till they can get a scientific theory for every empirically discovered fact. Dr. WILKS himself is dissatisfied with that practice of physic which merely notes and relieves symptoms. "Our object should be to get behind the symptoms," he says, "and thus obtain a fair view of the case..... It is of course the province of the medical man to heed these troubles [particular symptoms], and endeavour to relieve them; but, nevertheless, I contend it is his duty to take, if he can, a just and comprehensive view of the whole case; and whilst administering to the wants of the patient, yet not forget his high calling as a scientific man, and act for the general welfare of his patient and of society." In other parts of his able address, Dr. WILKS seems to speak in less approving terms of the scientific mind in medical practitioners. Thus—and this is a contrast which he is fond of drawing—"I see that the best advisers are those who most skilfully lead their patients through a difficult illness, guided only by experience; whereas I, on the contrary, see the very worst practitioners and the most ignorant among those who act on fancied scientific principles. Again, extra-professional persons, who have no knowledge whatever of medicine, are they who are almost exclusively influenced by that kind of reasoning which is styled scientific." Taken literally and in connexion with the passages first quoted, it is clear that Dr. WILKS does not mean to disparage the attempts to make the art of medicine more scientific which is only to make it more perfect. But the laudation of mere experience may be carried too far. If there had been no departure from that of which there was experience, there would have been no innovation; and the errors of past ages, which had continued for centuries, would have been perpetuated for centuries more. That comparison of the present with the past, which, according to Dr. WILKS himself, is the condition of progress and advance, would be impracticable if all our practice were based on a blind experience, and if we did not cautiously venture on new methods of treatment based for the most part on new theories of disease.

It is chiefly in the region of therapeutics that Dr. WILKS seems most afraid of the adjective "scientific"; and we must be forgiven for saying that those who are trying to improve therapeutics have a right to complain of the way in which he represents their views. For example, he says: "What, again, is the scientific treatment of fever? This a few years ago would have been considered decided, if unanimity implied truth; for, amongst other rules, it would have been strictly laid down that, whilst the patient should have fresh air, he must by no means be chilled. This idea, however, seems a mere phantasm of the human brain, for we now hear that placing the patient in a cold bath is most successful scientific treatment." This is clearly a very inadequate representation of the treatment of those who have had the courage to introduce or reintroduce the use of the cold bath as a part of the treatment in fevers. But these physicians are quite willing to abide by Dr. WILKS's own great test of treatment—viz., the number of cures wrought. It is contended that the reduction of mortality in fevers, as a result of the treatment

that reduces the temperature, is very great; and this is the sole ground upon which the treatment has commended itself to sensible men. The theory attached to the treatment—viz., that the essential danger of fevers is in the deleterious effect of the high temperature upon the tissues—would count for very little if the treatment were not successful. Though Dr. WILKS deprecates compromise between the old and the new ideas in therapeutics and the silent saying of *medio tutissimus ibis*, yet this motto seems to us not inaptly to represent his own position. He has broken away in pathology and even in therapeutics from the old anchorage, but he has not quite admitted new views and new remedies to his confidence. He rejects and admirably disposes of the views of those who, to save their consistency in abandoning the heroic treatment of the past, have coined a theory of change of type, as if it were more probable that nature should change than that they should have been wrong. He is old enough to have seen a gentleman who smiled at LAENNEC and made his stethoscope a bouquet-holder. He has heard living men denounce the microscope, just as some men nowadays regard the use of the thermometer as a piece of useless ostentation. More astonishing yet, it seems to Dr. WILKS, is the fact that men should be found to question the advantage of dissection of the dead. He himself is alive to the progress that has been made, and demolishes splendidly the theories that are constructed to save the credit of generations of sleepy inaction and lazy worship of authority and so-called "experience." And yet Dr. WILKS does not extend much confidence to the most modern suggestions of medicine, and looks with evident suspicion upon the newest drugs. Digitalis, opium, and iodide of potassium are positively mentioned as having saved numerous lives. But bromide of potassium, chloroform, chloral, and carbolic acid are spoken of only to point a moral. It cannot be denied that they are as valuable in their way even as digitalis, opium, and iodide of potassium; but they are of the very new order of things, and Dr. WILKS, though he has long ago cast aside the very old, regards with some doubt the very new doctrines of medicine.

We regret somewhat being led on to a criticism of Dr. WILKS's apparent dread of the scientific element in medicine, because there is so much else in his address with which we cordially agree, and upon which we should like to have enlarged. A very true and suggestive portion of the address is that in which he treats of the infrequency of acute disease, and the relation of most of the acute disease—not zymotic—we do see to insidious and chronic degenerations of organs, or rather of tissues. We have ourselves more than once pointed out that, to judge from the books of the older physicians, one might think that disease was generally acute and rapidly fatal, instead of being, as it is generally, chronic and only remotely fatal. As regards the bearing of the existence of chronic disease upon the liability to zymotic attacks, it is important to note Dr. WILKS's authoritative testimony that organic disease is very rare in those attacked with fever, and that the infectious diseases generally attack the vigorous and the youthful. With Dr. WILKS's denunciation of the use of all metaphysical terms in regard to physiological and pathological processes we cordially concur. Though we believe that there is a preservative or conservative element in diseased processes, we readily agree with Dr. WILKS that processes, regarded as eliminative, are of very doubtful utility; and in cholera and small-pox that what is called elimination is more destructive than curative. Our readers generally will join with us in thanking Dr. WILKS for his outspoken advocacy of general hospitals, as distinguished from special ones; and of a general practitioner acquainted with all parts of the system, as compared with one who confines his attention to one spot or part. We may find occasion some day to revert to these true words: "The division into medicine and surgery has its evils; and thus I am convinced that the best advisers for the people at large are general practitioners."

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THE emphatic testimony borne by M. RICORD to the value of mercury in syphilis, and his lucid exposition of the principles which should govern its administration, will come to the profession, not only of England but of the whole civilised world, with a weight which no other living man could impart to his utterances upon the subject. A few years ago we had amongst us a small number of eccentric practitioners, or rather, perhaps, of eccentric writers, who professed to be able to treat syphilis successfully without mercury. Of these, some have passed away, others have lived to acknowledge the erroneous character of their earlier teaching, and only a very few remain steadfast to their faith—resting it, for the most part, upon the tendency of some particular local manifestation of the malady to exhaust itself under favourable circumstances, and to terminate in a species of recovery by virtue of the lapse of time. Syphilitic iritis will often subside in this manner, if occlusion of the pupil be prevented by the free use of atropine, and if the patient be well nourished, tended, and cared for. Those, however, who have to do with syphilis as a whole are generally fully conscious of the necessity of administering mercury; but we doubt if the profession generally has quite so clear a view upon the question as that which M. RICORD has striven to impart. The doctrine that mercury should be given so long as primary or secondary symptoms continue, that iodine should be used for tertiary symptoms, and mercury and iodine together when secondary and tertiary symptoms coexist, although very generally recognised and acted upon, has seldom been so well and so concisely stated. But that which gives an altogether exceptional value to M. RICORD's words is his emphatic statement, based upon an experience of unrivalled extent and of forty years' duration, that the treatment of primary syphilis, to be successful, must be continued, without reference to symptoms, for at least a year. Many surgeons of less position and authority would shrink from declaring to a patient, in the first instance, that so long a period would be necessary; and many patients would take alarm at the intelligence, unless it came to them from one who commanded the most implicit confidence. There is one practical point on which M. RICORD was mute, and on which an expression of opinion from him would have been highly valuable. Like all other practitioners, he prefers any other channel for the administration of mercury to the stomach; and he laments over

the dirtiness and inconvenience of inunction, while he declares its efficacy. Now, it is well known that Mr. HENRY LEE has long advocated the use of mercurial vapour baths as a means of the prompt and convenient introduction of mercury through the skin, and that he claims for these baths all the advantages of inunction, with immunity from nearly all of its unpleasantness. It would have been very interesting to hear whether M. RICORD had employed the baths, and whether he believed them trustworthy. It would have been interesting also to hear his experience of the relative toleration of the different preparations of mercury by different people, and to be informed of the cases in which he had found any form of the drug difficult to administer or to control.

The nominal occasion of M. RICORD's visit was the meeting of the British Medical Association at Birmingham; but the real occasion was the reading of a paper by his friend and former pupil, Mr. ACTON, before a medical assembly in this country. M. RICORD has long ceased to teach in public or to write on professional subjects, and it was highly important that his latest and most matured views concerning syphilis should be given to the world. In calling forth these views Mr. ACTON has done signal service; and M. RICORD, who, at his advanced period of life, and in the midst of his overwhelming engagements, has found time to make a hurried and fatiguing journey to England, has shown himself now, as ever, true alike to the duties of friendship and to the demands of science.

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IN attending cases of small-pox or other infectious diseases, it is becoming increasingly obvious that a medical man has duties to the public as well as to the patient, or rather that he incurs serious responsibility in advising the patient with reference to the exposure of his person during the process of recovery. A case in point has lately occurred at Tunbridge Wells, and has most properly been made by the local authorities of that delightful place the subject of a trial before the magistrates, which was reported at length in the *Tunbridge Wells Journal*. We must be brief in stating the facts, but they involve more than one question of interest to medical men. Mrs. AGNES HOWELL, of Clapton, in April had an eruptive disease, for which she was attended by Mr. HENRY WHEELER, practising at Clapton. Mr. WHEELER was called on Monday, the 8th of April. On the 9th he suspected what was the matter, but could not be sure; on the 10th he saw that the patient was suffering from an eruptive disease; and on the 11th he was sure she was not suffering from chicken-pox, but a modified form of small-pox. Mr. WHEELER seems to have been somewhat perplexed, for "on the next day, the 12th," he says, "I went as usual to see her, and I saw she was suffering from small-pox in a remarkably modified form—so much so, indeed, that until she was nearly well I could not be sure if it was actual small-pox or chicken-pox." At the root of all Mr. WHEELER's perplexity seems to have been a theory of the relation of these diseases, for, in answer to a question, he further said, "Well, chicken-pox and small-pox are things so mixed up together, and she had it in so modified a form, I could not say whether she was suffering from small-pox or some other eruptive disease *that might go on to small-pox, which is nothing more than chicken-pox in an advanced stage.*" On the 18th of April, or the 19th at latest, Mr. WHEELER having said that his patient was fit for travelling with safety to herself and the public, she was taken to Tunbridge Wells. The unfortunate woman who took her in says she was not informed of the nature of the disease further than that it was chicken-pox. On the 4th of May the lodging-house keeper's boy took ill with what was doubtless small-pox, though the mother deemed it chicken-pox. On the 11th his sister took ill of the same disease, but they both went through the disease mildly. On the 26th their father sickened. On the 30th Mr. RIX was sent for to see him. On the 1st of June he died. Both Mr. RIX and Dr. BARRY agreed that the case was one of the most malignant forms of small-pox. Mr. RIX, medical officer for Tunbridge Wells, in his evidence, said that he had no knowledge of the occurrence of other cases of small-pox in Tunbridge Wells since last autumn. This fact, taken in connexion with the dates of the attacks, can leave no reasonable doubt that Mrs. HOWELL imported the disease into the lodging-house. It should be said that Mrs. HOWELL's mother declared that she asked Mrs. MARTIN, the lodging-house keeper, if she was afraid of small-pox before taking her daughter out of the fly. This is denied by Mrs. MARTIN. Be this as it may, here is a lady who, in six days from the time of her medical man being aware that she had small-pox, is domiciled in a lodging-house at Tunbridge Wells, and gives the disease to three persons, including the father of the family, who dies. Moreover, she went to church in a cab. We shall not intensify the seriousness or painfulness of such facts by moralising on them. The magistrates acquitted Mrs. HOWELL of wilfully exposing herself without proper precaution against the spread of small-pox; and they did so on the ground that the advice given by Mr. WHEELER, her medical attendant, shifted the responsibility from her to him, and the chairman added that they had not words sufficiently strong to express their views of the extraordinary evidence given by Mr. WHEELER. We are not satisfied that Mrs. HOWELL did not violate the 38th section of the Sanitary Act, though she did act under the advice of her medical adviser. At any rate the Local Board of Tunbridge Wells would have been very unfaithful to its duties if it had not tried the question. The medical lesson of the case is too obvious to need statement. We shall not blame Mr. WHEELER for thinking small-pox "only an advanced form of chicken-pox." He is at liberty to hold an opinion which, though held by some authorities, is at variance with that of the profession at large. On his own showing, however, this patient had small-pox, though in a very mild form; and in six days from the time of his discovering this fact he sanctioned her travelling about the country, after a disinfecting bath. It is notorious that the mildest case of small-pox may convey the disease in a malignant form to another person. Even chicken-pox, he believes, quite erroneously we think, to be just a degree of small-pox. With such a theory he should have been more careful than other men. The law requires that convalescents from infectious disease shall be prevented from exposing themselves, to the danger of others. It may be a fine question when such patients

cease to be dangerous; but clearly it is not in six or seven days. It is shocking to read week after week of the importation of infectious disease into healthy places.

THE question of the origin of the fat present in every well-nourished person is not easily answered. Putting aside the debated point of the direct conversion of the carbo-hydrates into fat, there are three theories that have obtained a certain amount of credit. The first—resting on the fact that, with free supply of oleaginous food, an abundant deposit of fat takes place in the subcutaneous connective tissue, in the omentum around the kidneys, and elsewhere—maintains that the fat enters the economy in the ordinary manner, and is directly stored up in the interior of the fat-cells. This view entirely ignores the mechanical and physiological difficulty of the passage of an insoluble substance through the cell-walls. The second view rests on the now well-ascertained fact that albumen and its analogues are capable of undergoing disintegration, in the course of which, besides other substances, fat is certainly formed. Nothing can demonstrate this more clearly than the growth of the eggs of the common bluebottle on meat or in defibrinated blood. It is therefore maintained by those who hold this view, as TOLDT and SUBBOTIN, that the cells originally take up soluble albuminous compounds, which, undergoing disintegration within the cells, split into certain compounds that readily escape from them, and fat, which remains behind. These authors hold that all the fat of the food is consumed or burnt off during its passage through the economy, and is only exceptionally applied to increase the natural stores present in the body. A third view, to a certain extent intermediate to the other two, is held by RADZIEJEWSKI, who maintains that an important proportion of the fat of the food is converted into soap by the pancreatic juice and the alkali of the biliary acids, and in this state easily traverses the intestinal epithelium, as well as the membranes of the proper fat-cells. These cells, again, have the power of converting the soaps into free fat, which remains in their interior. This view is certainly supported by various micro-chemical and physical researches showing the importance of saponification in facilitating the passage of fats through animal membranes. RADZIEJEWSKI himself has demonstrated—first, that soda soaps are absorbed in their passage through the intestines; secondly, that soaps made of oils foreign to the economy are deposited but slightly, if at all, in the form in which they are ingested. Whilst the experiments of MATTEUCCI and others, showing the effects of alkalies on the osmosis of fats, are well known.

The whole subject is well reviewed by M. HOFMANN in a paper just published in the *Zeitschrift für Biologie*, giving an account of a series of experiments in which he attempted to ascertain whether any, and if any, how much, fat was stored up from the fat consumed in the food. With this end in view, he starved a dog till it had consumed all, or nearly all, the fat in its body. It was then supplied freely with fat mingled with a small quantity of albumen. After a few days it was killed, and the total amount of fat in the body determined. A certain amount, it is evident, might proceed from the decomposition of the albumen; but if the quantity found exceeded this amount, estimated as highly as possible, it is equally clear that the excess must proceed from the fat consumed as food. This, however, did not prove that the fat was stored up in fat-cells, since it might be contained in the blood; and a special set of researches were instituted to show that the blood, under these circumstances, was not extraordinarily rich in fatty compounds. The general result of M. HOFMANN'S experiments, as far as they have yet gone, seems to prove definitely that the fat stored up in the body cannot possibly be entirely derived from the albumen consumed as food, but must be in part obtained from the fats. M. HOFMANN does not, however, attempt to explain the mode in which the fat gains entrance into the cells of adipose tissue—a point on which we are at present completely in the dark.

# Medical Annotations.

"Ne quid nimis."

## AN OBSCURE INJURY TO THE HIP.

A CASE tried last week at the Manchester Assizes has considerable surgical interest, since the diagnosis of an injury was involved which led to a display of strong antagonistic opinion on the part of many eminent surgeons of Manchester, Leeds, and Sheffield. The case was one of injury to the hip-joint, the result of a fall, and the injured person sued his medical attendants for malpraxis. Mr. Buckley, the ordinary medical attendant of the plaintiff, saw him on the night of the accident, gave him chloroform, and fully examined the joint, arriving at the conclusion that there was no dislocation of the femur. He kept his patient in bed without splints, and appears to have frequently measured the limb, but, according to the newspaper report, only from the trochanter to the ankle. If this were so, it is surprising that the shortening of the limb, which the plaintiff swore he called attention to shortly after the accident, was not recognised. Mr. Fletcher, the other defendant, who saw the plaintiff at a later date, confirmed Mr. Buckley, however, as to the non-existence of a dislocation, and the patient was ordered to get about at the end of eight weeks. He was then lame, and having got hold of Sir Astley Cooper's work on Dislocations, he came to the conclusion that his hip was dislocated, and was confirmed in this opinion by the late Mr. Beever. At the trial, the four surgeons of the Manchester Infirmary swore that the head of the femur was dislocated in the ilium near the sciatic notch, and that there was no evidence of fracture of the brim of the acetabulum. On the other hand, Mr. Wheelhouse of Leeds (the surgeon who saw the plaintiff first after the accident), Mr. Favell of Sheffield, and several Manchester surgeons, corroborated the view taken by the defendants, that there had been no dislocation at the time of the accident, but that the subsequent displacement of the bone depended upon a fracture of the acetabulum. The jury eventually found a verdict of £40 in each action.

The Judge remarked that the smallness of the verdict indicated, no doubt, the jury's opinion that the dislocation supervened after the accident; and it would be unbecoming in us to controvert that view. The existence of a dislocation presupposes, however, the rupture of the capsular and round ligaments of the hip-joint; and it is difficult to suppose that this can have occurred except at the time of the accident. The chipping of the brim of the acetabulum, if any, must have also occurred at the time of the accident, and is usually consequent upon force exercised by the head

of the bone in the act of dislocation. Upon this subject Hamilton, in his classical work on "Fractures and Dislocations," says: "The records of surgery abound with cases of unreduced dislocations of the femur, in which the failure to reduce or to retain the bone in place has been ascribed, not with sufficient reason perhaps, to this fracture." He also says that "the symptoms are, first, such as indicate a dislocation, to which must be added crepitus." Bigelow, also, in his admirable work on Dislocations of the Hip, says that satisfactory evidence of this accident can only be obtained "either by autopsy or crepitus." Now, in the case under consideration there is no evidence that crepitus was ever detected. Altogether we think the defendants have every reason to leave the verdict undisturbed. The moral we would draw for the benefit of other surgeons is, that, with complicated cases of injury or disease, "in the multitude of counsellors there is safety" both for the patient and the surgeon, and that it is better to recommend a second opinion soon after an accident when remedy is possible, than to let a patient take a second opinion for himself when too late. Also this case, as regards the second defendant, may act as a warning to the medical agents of Accidental Insurance Companies, not to undertake in any way the treatment of cases of injury they may be called upon to inspect, lest they also should be made defendants in actions for negligence.

## THE SEAMEN'S HOSPITAL.

IN a recent number we commented on the anomalous management of this establishment, which, at variance with the great naval and civil hospitals, has a resident layman at its head, who has been deputed to supervise the medical officers by a recent resolution of the House Committee, the governing body appointed at the Annual Court to manage the affairs of the Society for the ensuing twelve months. This resolution, "that in the absence of the House Committee [composed of old naval officers with some few civilians, but entirely wanting the medical element] the house-governor alone shall be responsible for any departure from the printed instructions laid down for the guidance of the officers of the institution," it will be seen, placed the entire establishment under the control of the lay governor as soon as the necessity for any deviation from the ordinary routine should arise. In order, however, to understand the resolution more clearly, the whole of the medical staff met, and referred it back to its authors for explanation and confirmation; but no reply was received. Surely the House Committee, as a body of gentlemen, cannot have counted the cost of this decision when applied to their medical officers, whose social position, independent of their high professional standing, forbids them to ask any layman for deviations in the working of the hospital which they alone can comprehend or properly estimate. The printed instructions applicable to the physicians require that they shall attend not less than three times a week on alternate days; that the senior medical officer, who is resident, shall visit all cases not under the care of the surgeon, who is also resident, at nine o'clock in the morning, and revisit important cases not later than eight in the evening. It would be as absurd to submit deviations from the preceding instructions to the house-governor as it would be for a medical officer to ask leave of absence so long as some representatives of the staff are in attendance. There are other points of weighty moment in connexion with the management to which we would very briefly call attention. We understand that the stipend of the house-governor exceeds that of the whole medical staff, and we respectfully direct the attention of all interested in the Seamen's Hospital to this fact. The hospital, open to all accidents, whether of seamen or others, possesses receipts from all sources of about £8000 a year; but it spends more, and now owes upwards of £1300 to its treasurer. The direct medical charge is under £600, whilst the lay governor receives a stipend with residence of £600 a year.

## OUR ENDEMIC PEST.

SUCH disclosures as those recently brought to light by Dr. Thorne Thorne relative to the sanitary state of Whitchurch are very discouraging after all that has been done by those in authority to demonstrate the close connexion between the permitted intermingling of human filth with the drinking water of the inhabitants of rural districts, and the spread of typhoid fever. It is hardly possible to conceive conditions more calculated to generate disease and to favour the outbreak of the epidemic of typhoid by which Whitchurch has recently been visited, than those stated to have existed in the place by Dr. Thorne. Whitchurch is a small town in Hampshire, situated on the river Test. Typhoid fever broke out in the town last year, and rapidly spread. Out of 1450 inhabitants as many as 70 were attacked by the disease from August, 1871, to April 30th, the date of Dr. Thorne's visit, and the epidemic was still progressing. What was found? In a porous soil, the water-level of which was soon reached, were an abundance of shallow wells, with "numerous holes, dug throughout the place" for the reception of refuse and filth. The refuse holes were "no sooner filled than they were dry again. The dumb wells allow all but their more solid contents to soak away unseen, and often unsuspected, and the privy pits do not often require emptying on account of the facility with which liquid contents disappear." The wells are notably fouled. There is no proper system of drainage, and much of the town "has no artificial drainage whatever, and hence the liquid filth and slops either trickle from one premise to another at a lower level, and so on to the street, or else they are absorbed by the porous soil." The epidemic began by the introduction of the poison of typhoid fever by a young person who came to the place "ailing," and died ultimately of typhoid fever. Is it to be in the least wondered at that the disease spread rapidly among the inhabitants under conditions so favourably predisposing thereto? The surprise is, that the people were not decimated by the fever as a very plague. That such a befouling of a thriving place, hard at the doors of a wealthy lord, and with intelligent inhabitants, should have been permitted is very sad. Typhoid fever, it would seem, is, of all our endemic troubles, the one that should be perhaps most easily prevented, at least in assuming an epidemic form. Dr. Thorne has made a number of suggestions with a view to a complete renovation of the hygienic condition of the town, and we hope that the local authorities will lose no time in adopting means for at once and for ever preventing the pollution of the water-supply which has given rise to so much mischief.

## LIFE ASSURANCE.

THE case of Wigens *v.* the Gresham Life Assurance Society, which was tried at Bristol on the 13th inst., shows the importance of suppressing nothing which can in any way throw light on the life-chances of the proposer. In answer to the questions which had been forwarded by the office, the owner of the insured life had replied that he was sober, that he had no habitual cough, and that at the time of making the proposal he was in excellent health. The assurance had been effected in August, 1869, and the deceased had died in November, 1871, of some pulmonary affection. The office refused to pay the insurance, and brought conclusive evidence at the trial that the deceased

was not only intemperate, but that he had had an habitual cough since 1863. Under these circumstances, the jury decided, after a minute's deliberation, that the office was not liable, as the policy had been obtained by untrue representations. We may add that the insured had been examined by a medical man on behalf of the company, who had reported him to be "healthy and active, and free from all evidence of disease."

Cases like the above are by no means uncommon in the records of life assurance, and we would impress upon all medical men who in the course of practice are called upon to examine candidates for insurance policies, the necessity of not only examining the candidate as thoroughly as possible by every means which modern science has given to us, but also of exhorting him to suppress no facts, however trivial, as to his health and habits which may serve to help the insurance office to come to a correct estimate of the chances of life. Nothing can be more distressing for the assignees of a policy, or for the medical man who may have recommended the candidate, than to have payment of a policy refused on the grounds of "suppressio veri," and every candidate should be distinctly informed by the medical examiner that any such suppression, however trivial it may appear, may have the effect of making his policy null and void, and that in such case his yearly payments to the office will be simply money thrown away.

## THE WATER-SUPPLY OF ST. PETERSBURG AND ODESSA.

IT is gratifying, in face of the recurring outbreaks of cholera in European Russia, to find that an improved water-supply of St. Petersburg and Odessa—of the capital city and chief port on the west coast of the empire, and of the principal seaport on the Black Sea—is about to be secured. It has recently been definitively decided by the Municipal Council of St. Petersburg largely to extend the water-supply of the transriverain quarters of the city. The extension will be carried out by a company which has undertaken to construct conduits at Vassili-Ostrow, and in the quarters of Old Petersburg and Viborg, with independent reservoirs and all necessary apparatus. The city is to concede gratuitously to the company the lands necessary for its works. The total length of the network of conduits to be constructed will be thirty-six versts (a verst being equal to two-thirds English mile), of which twenty-four will be distributed at Vassili-Ostrow, eight in Old Petersburg, and four in Viborg. At Vassili-Ostrow the water will be distributed in quantities under a pressure capable of raising it twelve sagenes (a sagene being equal to seven feet), at the rate of seven vedros (a vedro being equal to two gallons and a quarter, wine) for each inhabitant. In Old Petersburg and Viborg the water will be elevated nine sagenes, and the quantity distributed will be at the rate of three vedros for each inhabitant of these quarters. At every 100 sagenes along the conduits fountains will be established for the fire-engines. Twenty-two water-posts will also be established, four at Vassili-Ostrow, and eighteen in Old Petersburg and Viborg, from which water may be obtained gratuitously; but the drawers of water from these fountains will, as to vessels they may use for the purpose, be limited to such which do not exceed a vedro in capacity. The municipality retains the right of requiring under extraordinary circumstances, as in epidemics, &c, the provisional establishment of six other water-posts. It retains, also, a right of extending, at its own cost, the network of conduits into the Souvarow quarter, the Water Company being bound to furnish gratuitously with water any public fountains established in the quarter, and to keep the conduits in repair. In return the company has given to it the exclusive right of doing all the necessary works for the supply of public and private buildings, and of giving that supply. The works at Vassili-Ostrow are to be completed in three years; in the Old Petersburg and Viborg quarters in six years.

The question of an improved water-supply of Odessa, to be obtained from sources outside the city, has been under discussion for several years, and more than one attempt has been made, but as yet without success, to compass a practicable scheme. From recent correspondence we learn that the question is again under discussion in the city, and that there is now a reasonable chance of a scheme of improved supply being carried out.

## FEMALE MEDICAL STUDENTS.

A GOOD cause may be spoiled by injudicious advocacy; and whatever opinions may be held regarding the medical education of women, it must be admitted that its promoters are acting with more zeal than justice. Sir Robert Anstruther, it now appears, in giving notice of motion to deprive the Edinburgh medical professors of their Parliamentary salaries, did so on the ground that they had not, in his judgment, shown sufficient alacrity to admit Miss Jex Blake and her sisterhood to their classes! It further appears that Mr. Duncan Maclaren, the radical member for Edinburgh, has intimated his intention to give, next session, his cordial support to Sir R. Anstruther's motion. This is surely in contravention of Talleyrand's injunction: "Surtout, point de zèle." The Edinburgh professors are perfectly entitled to form and act upon their own opinions as to the admission of ladies to their lecture-rooms. Nay, if a majority of the male students (for whom their chairs were primarily designed) object to the presence of ladies, the professors, we take it, are bound to sustain the objection. The tactics of Sir R. Anstruther and Mr. Maclaren are likely to stimulate rather than stifle opposition to the ladies, in proof of which we read the public announcement of one of the heartiest promoters of female education, that in consequence of the proposed "fining" of the Edinburgh professors, he "frees himself from even the remotest semblance of implication in the more recent proceedings of the advocates" of the lady medical students. A few more defections like that of the St. Andrews Professor of Natural Philosophy from their ranks, and the ladies will find their cause abandoned by all but the "extreme Left" in politics, and what may be termed the "educational Commune."

## THE OPHTHALMOLOGICAL CONGRESS.

WE print to-day a paper read by Dr. Joy Jeffries before the Ophthalmological Congress on the use of ether as an anæsthetic. The reaction that has set in in favour of ether during the last few years is very remarkable, and it will be seen that Dr. Jeffries claims for it an absolute immunity from danger to life. During his stay in London Dr. Jeffries administered ether, on the 29th of July, at the London Hospital, while Mr. Hutchinson excised a knee-joint; on the 30th, at King's College Hospital, while Mr. Soelberg Wells performed iridectomy and operated for strabismus; on the 2nd of August, at the Royal London Ophthalmic Hospital, during an iridectomy by Mr. Critchett, and a flap extraction by Mr. Bowman; on the same day, at St. George's, during a double iridectomy, a single iridectomy, and a double extraction of cataract, by Mr. Brudenell Carter; on the 5th of August, at the Royal London Ophthalmic, during a removal of prolapsed vitreous by Mr. Streatfeild, and a strabismus operation by Mr. Hutchinson; on the same day, at Guy's, during a double iridectomy for glaucoma, and during the removal of a foreign body from

the anterior chamber by Mr. Bader; on the 6th of August, at the Royal London Ophthalmic, during the extraction of cataract (two patients), an enucleation of the globe, and a strabismus operation by Mr. Critchett, and a flap extraction of cataract by Mr. Bowman.

In all these cases Dr. Jeffries administered the ether in the manner set forth in his paper; and saturated his towel with it with a freedom that at first sight seemed almost startling. In all the cases the results were very good, and all the operators expressed themselves as being fully satisfied with the insensibility and muscular relaxation produced. If indeed it be true, as maintained by Dr. Jeffries, that the surgical use of ether cannot kill, it will have a strong claim to supersede chloroform alike in ophthalmic and in general surgery.

## MEDICAL QUALIFICATIONS IN JAMAICA.

THE Report of the Select Committee of the Legislative Council of Jamaica on this subject is drawn up in a tone of easy confidence which does not imply acquaintance with the difficulties of it. It proposes to receive as legally qualified to practise in Jamaica anybody from almost anywhere, bearing a diploma. The Committee seems to think it the easiest thing in the world to appraise the value of a diploma obtained in any Colony or State, and that all the Jamaica authorities have to do in order to this is to ask for the needed information from the General Medical Council. Do the gentlemen who write this jaunty Report know that the Medical Council has difficulty enough in maintaining the efficiency of home examinations, though there is no such supervision of the examining system of the colonies and the United States as is exercised at home? These gentlemen should have consulted the General Medical Council before writing so fluently on the subject, and they would doubtless have learnt that the system of granting diplomas in the United States and colonies is not such as to justify recognition by Jamaica or England. It is no doubt easy to get men with diplomas, but to get men with diplomas that are a real test of merit is not easy. Those who are responsible for the health of Jamaica should not act in this matter without the advice of the General Medical Council.

## LIFE-LIKE ATTITUDES OF SOLDIERS KILLED IN BATTLE.

OUR readers will remember some rather sensational accounts of "headless horsemen," and other alleged illustrations of life-like attitudes retained in death by soldiers killed in action. The subject has been dwelt upon by French, American, and German authors, and of the facts there can be no doubt. These positions have been usually attributed to the effect of the instantaneous or very rapid manifestation of the rigor mortis. Dr. Rossbach, for example, writes that, as it is impossible to assume that any vital action or muscular contraction could take place after death, it seems to be beyond doubt that rigor mortis must have set in with lightning-like rapidity, just between the last moment of life and the first moment of death, and was perhaps the end or result of the last muscular contraction. Had the rigor set in, say even only a minute after death, the relaxation of the muscular contraction would have been the consequence, and the limbs would have followed the laws of gravity.

Professor Longmore has contributed a paper on this subject to the recently-published Blue-book of the Army Medical Department. As a summing up, he formulates the three following propositions:—1. The assumption that cadaveric rigidity can occur instantaneously rests on no positive basis, and is opposed to the results of well-established observations of its nature and attendant phenomena. 2. Many observations tend to prove that a contracted condition of muscles induced by vital stimuli may, under certain circumstances, continue without alteration after the stimuli have ceased to act and after systemic death. 3. Muscles which remain contracted after systemic death will in due course be subjected to the advent of cadaveric rigidity in the same way that muscular tissues have passed through the usual state of post-mortem relaxation.

## PORT SANITARY AUTHORITIES ABROAD.

THE authorities of the Ottoman Empire still continue to obstruct commercial interests by their absurd, vexatious, clumsy, and costly system of quarantine in the Dardanelles and the Bosphorus. All ships passing Constantinople are mulcted in very heavy dues for certain new lights, but it appears that, in consequence of the existence of cholera at certain ports in Eastern Europe, vessels going east are compelled to anchor from sunset to sunrise off Chanak Castle in the middle of the Dardanelles, and at Kavak, at the eastern end of the Dardanelles if proceeding west. The floating hospitals are described as filthy and miserable in the extreme, and it is very likely that some representation will be made to Lord Granville on the subject, so as to induce action on the part of the British consular authorities at Constantinople.

The quarantine regulations at Malta appear to be unusually stringent, and complaints loud and long have been made by British shipowners in consequence, because quarantine is insisted upon in all cases where vessels have started from infected ports, even if they have since the commencement of the passage been admitted to free pratique at one or more intermediate ports *en route* to Malta.

## SMALL-POX IN BELFAST.

DR. C. D. PURDON, the Certifying Surgeon in Belfast, testifies to the striking effect of revaccination in Belfast in preventing small-pox. The Poor-law guardians, acting under the advice of the Commissioners, requested each mill-owner to have his *employés* examined to see if revaccination was required. The most remarkable difference was noticed in different mills and streets, according to the submission of the operatives to vaccination or otherwise. The medical men informed Dr. Purdon that numbers presented themselves saying they had been vaccinated, but on examining them the cicatrices were found not to be true ones. The dispensary officers did all they could in the way of vaccination and revaccination, but the good results were much hindered by the custom of waking the dead—a practice that should be prohibited by law in cases of infectious diseases,—by patients coming prematurely out of the hospital and returning to work. One case is mentioned of a foreman tailor, having small-pox, actually seen by a medical man's son cutting out clothes. The disease was carried to the doctor's house, and one member of his family died.

## A GERMAN GYMNASIARCH.

THE youngest of European empires has recently been rendering the homage due to the real authors of her being—to the statesman Stein and to the gymnasiarch Jahn. The former, after the disasters of 1806-7, "bowed and buckled" his mighty intellect to the task of reorganising the national life—of welding together by a common culture the minor States. The latter restricted his care to the physical development of the individual, and established gymnasia or "turnvereine." Both have had their reward, the defeat

of Jena being more than avenged by the triumph of Sedan. History contains nothing nobler than the long, patient, and intelligent struggle kept up by Prussia through the interval between these two landmarks to work out her national greatness by culture. It is to her example that M. Rénan would direct the mind of France, if that country (no longer "one of the great powers," as M. Littré says) would resume her place as the head of the Latin civilisation. Indeed the example of Prussia might be followed with advantage less far afield. Among ourselves the gymnasium has not nearly attained the development reached in Germany, where the culture of the body is regarded as only less sacred than the culture of the soul—where the physical basis of the individual is strengthened, improved, and refined, as the best mode of keeping intellectual and emotional action healthy. Germany, in fact, has revived the palæstra, physical as well as moral, of ancient Athens, and aims at reproducing the καλὸς κἀγαθὸς of Socrates by the harmonious evolution of the complex powers of humanity. Wherefore it is that she solemnises the centenary of Stein, her Pericles, and rears a monument to her gymnasiarch, Jahn.

## THIERS AND LIVINGSTONE.

"WHOM the gods love die young" receives no confirmation from the two men who are probably most admired, reverenced, or talked of at present. Thiers and Livingstone, the one beyond, the other a little short of the term of years allowed to man by the Psalmist, are striking examples of what we have more than once maintained—the life-prolonging power of keen mental occupation and successful enterprise. The witty and accomplished author of the "Secret of Long Life" sees most chance for longevity in the "Still-leben" of the country, with its gentle Horatian enjoyments, moral and intellectual. We doubt this view. Hermits are not long-lived, and if country gentlemen survive the threescore years and ten, it is by a mode of life precisely the reverse of the lounging *dilettante*. Town-life stimulates the brain and nervous system—the reservoir of vitality—far more than rural, as is seen in the much rarer occurrence of idiocy or imbecility in the *gamin* of the busy street than in the child of the torpid village. And as with the child so with the man. Providence seems wisely to have ordained that life should be prolonged in proportion to the value of its possessor as a man and a citizen.

## RAILWAY CASES.

SCARCELY a week passes without several cases being recorded in the daily journals of heavy damages awarded to sufferers for personal injuries received in railway accidents. In the vast majority of cases, the injury takes the somewhat obscure form of "concussion of the spine," and in every case there is the same confliction of medical testimony. In the case of Chambers *v.* the Midland Railway Company, tried on the 14th inst. at Leeds, the plaintiff recovered £1500 damages. He was an accountant, and was in a collision on the company's line on the 23rd of November last. As a consequence of this, he had suffered "from concussion of the spine, which had produced symptoms of St. Vitus's dance, and great hesitation and excitement in speaking." There were six medical witnesses, three on each side, and the reporter of the case adds: "There was the usual difference of opinion between the doctors as to the probability of recovery." Although the difficulties in the way of prognosis in these cases are necessarily very great, we cannot but think that there must now be sufficient material from which to deduce some definite rules for the guidance of medical men in drawing conclusions from the symptoms. It is not long since even the existence of a "railway spine" was stoutly denied by a very large and very influential section of the profession, and "the usual difference of opinion" was as to whether the man were really ill or only shamming. Such a glaring difference as this is now but rarely exhibited before the public, and the contested point is merely as to the prognosis. This difference of opinion is, however, far too *usual*, and is becoming a real scandal to the profession, and we hope that some one may be found with sufficient knowledge and sufficient leisure to arrange and publish useful statistics from the recorded cases of concussion of the spine resulting from railway injuries.

## THE BRIGHTON AQUARIUM.

THE opening of the Brighton Aquarium is an event that will be hailed by naturalists with unmixed satisfaction. The event and the establishment have been so fully described by the non-medical press that it is unnecessary for us to dwell upon them; but we cannot avoid calling attention to the facilities that a great aquarium will furnish for the solution of many problems connected with the physiology of fishes and reptiles, and bearing, without doubt, upon that of the higher forms of life. Until quite recently, the living inhabitants of the sea have been practically inaccessible to the inquirer, and to place a multitude of them in a position in which all their actions can be observed, and in which, whenever necessary, they may be captured for closer examination, cannot fail to lead to the clearing up of many uncertainties and to the acquisition of much new and important information. Dr. Carpenter, in a brief address on the opening day, called attention in strong terms to these advantages, and urged all the local microscopists to endeavour to study the new forms of life placed before them instead of devoting themselves to inspecting the shell markings of diatomaceæ. The new marine aquarium will certainly be frequented by the idle; let us hope that it will be also used by the industrious.

## PROJECTED COTTAGE HOSPITAL AT CHIPPENHAM.

THERE is a flourishing little town in North Wilts called Chippenham, made known to travellers on the Great Western Railway by the circumstance that some of the express trains detach their last carriage as they approach the station, and thus set down passengers without the delay of a stoppage. Chippenham has no hospital, cottage or otherwise, and some of the charitable people of the neighbourhood have been endeavouring to establish one. Their laudable endeavours were at first so far successful that a good deal of money was promised for the purpose; but some jealousies seem to have been aroused—from the guarded language of the local paper we infer that these jealousies were medical—and an opposition was set on foot which threatens to swamp the scheme, and to divert a promised gift of £1000 to another institution. Now we have often expressed the belief that in a town like Chippenham a cottage hospital is a most valuable institution; but we guard this opinion by saying also that it must not be the exceptional possession of a "staff," but should be open to all the medical men of the district. In a place where there are perhaps five or six general practitioners, it is essentially unfair to convert half of them into hospital surgeons and to leave the rest as they were. If a lay committee were to select the most proper cases from all the applicants, and to let each patient choose his doctor as freely as if he were at his own home, there would be no room for jealousies, and no prospect of anything but advantage to all concerned.

## STRUCTURE OF THE GREY SUBSTANCE OF THE CORTEX OF THE CEREBRUM.

PROF. GERLACH publishes in the *Centralblatt* (No. 18) the results of his investigations, continued through the past winter, of the structure of the cortex of the hemispheres of the cerebrum. He applied the gold method as a hardening means, and found—1. That besides the well-known white medullated nerve-fibres running from the white into the grey substance, and which are arranged in fasciculi radiating towards the periphery, there are also numerous horizontally-running, medullated fibres, which communicate both with one another and with the radially disposed fibres, forming a coarse plexus visible even with a power of sixty diameters. 2. That in the meshes of this plexus are contained the ganglion-cells, and a second far finer plexus of extremely delicate non-medullated fibres which can only be brought into view with the highest powers of the immersion system. This second plexus is formed of the finest protoplasmatic processes of the nerve-cells, whilst the medullated fibres appear in part to take their origin in it, the individual fibres becoming surrounded by medulla. 3. Some of the protoplasmatic processes of the ganglion-cells develop directly into medullated fibres without branching, and thus such fibres originate partly from the cells themselves, and partly from a plexus of non-medullated fibres.

## CONVICTION UNDER THE MEDICAL ACT.

THE various ways in which the 40th clause of the Medical Act, forbidding the false use of medical titles is evaded, are legion. One is by using the title "surgeon-accoucheur." It seems to be thought that this is something different from the false use of the title "surgeon." To a moralist the distinction is not clear, and we are glad to see the complete discomfiture of the attempt to carry on medical practice by such a device. Mr. Decennius William Byers practised as an accoucheur in St. James's-road, Islington, and filled up a certificate of death, styling himself "surgeon-accoucheur." The parents of the child whose death was thus certified thought Mr. Byers "a proper doctor." The magistrate, however, regarded such conduct as a breach of the Medical Act, and fined the defendant £5 5s., and £3 3s. costs. One of the witnesses was Mr. Whitehead, who deposed that he was an apothecary, and that he sold the defendant the practice and fittings for £120; that the defendant was in nowise his assistant, but that he (Mr. Whitehead) had agreed to sign all certificates for him; and that he still kept his name on the premises because all the premium was not paid. This is a very striking illustration of the objectionable way in which qualified medical men may unintentionally shield illegal practitioners.

## SMALL-POX IN JAMAICA.

FOR many months past it has been pretty generally known that small-pox existed partially and to some extent in this island, although clean bills of health had continued to be issued by the authorities to vessels leaving its principal port of Kingston. The quarantine proceedings there seem to have been at times strangely inconsistent. Vessels arriving from ports merely suspected of the disease have been detained, and their passengers landed in the lazaret at the very moment when cases of small-pox were actually present in the town or suburbs; and, on the other hand, vessels from ports where small-pox was known to be raging at the time of their departure—as New York, Boston, and other places in the United States—have been at once admitted to pratique after a voyage of a few days, because, forsooth, they had brought with them clean bills of health from these very ports! But such are the not uncommon anomalies which are being daily perpetrated in the West Indies and elsewhere abroad, under the pretext of protecting the countries from the risk of importation of various dreaded diseases, while the true preservative in the case of small-pox—vaccination—is being generally neglected.

Besides the above source of confusion as to the real state of public health in Jamaica, it would seem that its Government endeavours to keep back exact information respecting the actual amount of any dangerous sickness and mortality, with the view, doubtless, of hoping to prevent or mitigate alarm, if accurate details were made public. The number of deaths recently from small-pox in the neighbourhood of Kingston is believed to be considerably greater than has been admitted by the authorities. This alleged reticence could not exist if there was a systematic mortuary registration in Jamaica, which in this respect is, to her discredit, so greatly in arrear of other less considerable colonies. It is to be hoped that ere long steps will be taken to remedy this great defect.

## SANITARY CONDITION OF THE WOOLWICH CADETS.

ACCORDING to the report of the visitors appointed to inspect the Royal Military Academy, Woolwich, for 1872, it appears that the general health of the cadets is decidedly good. The admissions to hospital from all causes during 1871 amounted to 103, with a daily average in the hospital of 2. During the first four months of the present year 43 admissions took place; and many of these were cases of injuries from accidents at football, gymnastics, &c. The most frequent cause of admission is said to be sore-throat, attributed by the medical officer, mainly, to the exposure consequent on the cadets having to pass across the open back-yard to and from the bath-rooms. During the year 1871 there were only 2 admissions for zymotic diseases. The arrangements of the hospital are reported as very satisfactory, and the accommodation sufficient. The Herbert Hospital can be resorted to in case of epidemic.

## THE LAMBETH WATER COMPANY'S SUPPLY.

ON Tuesday week the directors of the Lambeth Waterworks opened their new source of supply at West Moulsey, and their entire service has now its intake considerably above the point where the Mole enters the Thames. The turbidity of the Lambeth Company's supply has often been the subject of unfavourable comment, and the reason of it was clearly pointed out in Mr. Netten Radcliffe's report thereon; the company has therefore recognised its obligation to its constituency by removing its intake sufficiently out of the reach of the pollution which the Mole brings into the Thames. The cost of the works is said to have been about £50,000. It will now remain to be seen whether the means which the Company possesses for purifying the water previous to its distribution are such as to enable the consumers to reap the full benefit of the improved source of supply.

## HEALTH OF ROME.

SICKNESS is raging in Rome; and the hospitals, already filled to overflowing with patients, turn away scores of applicants from their portals. The surplus sick, it is proposed, might be accommodated in some of the convents, and the Cardinal-Vicar has been applied to for permission to carry out the suggestion. His Eminence, however, has refused the request, fearing lest the municipality, having once got provisional possession of the convents, will decline to give

them up after the temporary purpose has been served. The Ultramontane journals, in defence of his Eminence, state that in many parts of Rome there are convents already expropriated and now standing empty. Why not convert these, they ask, into temporary hospitals? Why not also utilise for the same purpose the vast palazzi now wholly or partially unoccupied?

## NEWSPAPERS FOR HOSPITALS.

WHAT becomes of all the newspapers the day after publication? Littering the floors of railway carriages? Or reposing in the lumber-rooms of clubs? If so, a better use might be made of them. Nothing relieves the ennui of the sick-room, or the tedium of convalescence, like a newspaper; which has this advantage over a book, that its contents are varied, always entertaining, and (best consideration of all) don't give too much at a time. Applications are so constantly being made by hospital physicians and chaplains for the gift of old newspapers, that we fear the public are not sufficiently alive to their power of cheering the sick-room or the asylum at no cost to themselves. The eagerness with which the daily or weekly broadsheet is looked for in colonial barracks, or remote Indian stations, is as nothing to the yearning of the poor patient in the "long unlovely wards," for a glimpse of the busy outside world.

## HEALTH OF SCOTCH TOWNS.

THE deaths of 2301 persons were registered during the month of July in the eight principal cities or towns of Scotland, containing an aggregate population of a little over a million at the census of 1871. The mortality was in the annual ratio of 19 per 1000 in Aberdeen, 23 in Edinburgh, 25 in Greenock, 26 in Leith and in Perth, 27 in Glasgow and in Dundee, and 33 in Paisley. Infant mortality was greatest in Greenock, Leith, Glasgow, and Dundee; lowest in Perth and Edinburgh. Scarlatina was very prevalent in Edinburgh, small-pox in Leith, measles in Dundee, and whooping-cough in Edinburgh, Glasgow, Paisley, and Greenock. Fever caused 59 deaths, or 2·5 per cent. of the mortality in the eight towns; of these 27 were registered as typhus, 24 as enteric, 3 as relapsing, 2 as continued, and 3 as infantile remittent fever.

## CHESELDEN'S GRAVE.

WE commend to the notice of metropolitan surgeons the following observations of our contemporary the *Athenæum*, *apropos* of Putney-bridge:—"It does not seem to be known that this bridge was designed by Cheselden, the great surgeon of his day, one of the first modern scientific anatomists, a man whose grave is sadly neglected in the burial-ground of Chelsea Hospital. The *Grub-street Journal*, No. 27, July 9th, 1730, records a vote of thanks from the proprietors to him on this account."

## LADY STUDENTS AT ZURICH.

THE *Revue des Deux Mondes* states that there are now 63 female students (by far the greater number being Russians) pursuing medical studies at Zurich. As the number of male students is only 208, it will be seen that the ladies are nearly one-fourth of the whole. Since 1867 six ladies have taken the degree of M.D. Zurich, while seventeen have abandoned their studies in despair. Of the six Zurich M.D.s, two are practising in St. Petersburg, one of them being in partnership with her husband; a third is in London, a fourth at Boston, and a fifth assistant to Dr. Biermer, Professor of Clinical Medicine at Zurich.

## THE BRITISH ASSOCIATION.

THE session of the Association for the present year commenced on Wednesday evening at Brighton, when Dr. Carpenter, the new president, delivered his inaugural address to a very large and distinguished audience, among whom we may mention the Baroness Burdett Coutts, Mr. Stanley, the discoverer of Livingstone, and the Ex-Emperor of France, both these gentlemen being received with hearty cheers. We reserve until next week any comments on Dr. Carpenter's address, and will only now say that it was worthy of his great fame.

A LAMENTABLE case of death by drowning of a member of our profession has just occurred in Ireland. Dr. Frederick Furnell, medical officer of the Castle Connell Dispensary district, was called to visit a patient some distance up the river. Soon after he had started in a boat, a heavy shower of rain came on, and his hat was blown into the river. Stooping over to reach his hat, he capsized the boat, and in a few seconds was struggling in the water. Being an expert swimmer, he struck out for the Clare side of the river, but on nearing the bank he became entangled in some weeds. He then turned and made for the Limerick shore, but the same obstacle again barred his way, and after swimming about for a few minutes, he sank. Dr. Furnell, although but a short time stationed in Castle Connell, had already won the esteem and regard of the residents. We regret to add that he leaves a young widow and child.

THE *Chicago Tribune* mentions the case of a boy employed in a mine near Carbondale, Pennsylvania, who was crushed by a mass of coal, under which he remained for two hours. Though he had been dumb from his birth, yet during and after the time of his extrication until his death, which took place next day, he is said to have talked fluently, urging the men to use all their strength to release him, and praying God that his life might be spared.

IF Spain is the "Sleeping Beauty" of modern Europe, Amadeo I. seems the destined "Prince" to arouse her from her slumber. In his recent progress through the north of the Peninsula he made special inquiries into the sanitation of the large towns, and at Bilbao opened a new hospital. Holy Mother Church, who proved the "Wicked Fairy" at her nativity, denounces these measures as "revolutionary." *Nous verrons.*

As we predicted, and greatly (we are pleased to think) through our intervention, the "buzzer" has emitted its latest gasp. An Act to prevent the use of steam whistles or trumpets in any manufactory to call or dismiss workmen has just been issued. Without the consent of the sanitary authority, the use of these instruments of torture will render employers liable to a penalty of £5, and to a fine of 40*s.* for every day the offence is repeated.

THE German naturalists and physicians meet from the 12th to the 18th inst., at Leipzig; the International Society for the Treatment of Patients in Peace and War on September 2nd, in Dresden; and the North and South German Apothecaries' Society from the 24th to the 26th September, at Frankfurt-on-the-Main.

CHOLERA has made its appearance at Warsaw, in Russia, and also at Helsingfors, in Sweden. At the former place seventeen cases had occurred up to 31st July, and of these eleven ended fatally. At the latter place seventeen cases had occurred up to the 3rd August, and of these eight terminated fatally.

A DECISION was recently given by the Judge in the Sheffield County Court of importance to medical men. A surgeon who sought to recover for services rendered, and had entered about forty plaints, was asked by the Judge whether he was a surgeon or apothecary, or both, to which he replied that he was a surgeon only. The Judge asked him whether his claim was for surgical or medical attendance, and the plaintiff replied that it was for medical services. The Judge then informed him that he could only sue for surgical services. The plaintiff in consequence withdrew a number of other claims for medicine only, and when the claim was for both surgical and medical attendance, he had to abandon the latter half of the claim.

THE Looshais have suffered more at our hands than was intended. Cholera, unknown to them before, was left behind by the expeditionary force, along with bad provisions and rum. The terrible bequest, aggravated by these latter auxiliaries, and probably by the number of dead bodies thrown into the water, is making fearful ravages among a fine mountain race.

THE Director-General of the Medical Department of the Navy has commenced his annual official inspection of the naval establishments at Portsmouth, including those of Haslar Hospital, Dockyard, Royal Marines, and Royal Marine Artillery.

LAST WEEK the mortality in London and twenty other large towns was at the rate of 23 deaths annually to every 1000 of the estimated population. In the metropolis the deaths from diarrhœa amounted to 441; while small-pox was only credited with 15 deaths, being the smallest weekly number since October, 1870.

EDWARD HUMPAGE, the unqualified assistant charged with the manslaughter of a woman at Newport, Monmouthshire, has been acquitted. It will be remembered that he had been called to a midwifery case (cross presentation), and left the woman without delivering her.

CHOLERA recently broke out in St. Peter's College, Agra, eighty-two boys being attacked. Of these, thirty-five succumbed to the disease. A few cases in the neighbourhood of the city are also reported. The disease is still very prevalent in the Punjaub.

IT is with feelings of deep regret that we announce the death of Mr. Frederic C. Skey, C.B., F.R.S., Consulting Surgeon to St. Bartholomew's Hospital, the fact being notified to us just upon going to press.

DR. RAWDON MACNAMARA, of Dublin, after a long and dangerous illness, has, we are happy to state, perfectly recovered, and resumed the discharge of his professional duties.

THE Danish Government have put in force the quarantine regulations originally issued in May, 1868, as to all vessels arriving in their ports from St. Petersburg and Cronstadt.

THE heat in some parts of Switzerland has lately been most intense; the glaciers melting more than they have done for many years.

THE dengue fever is spreading in Madras, but so far no fatal cases are recorded.

FROM several parts of the United Kingdom serious ravages of potato disease are reported.

## THE INTERNATIONAL OPHTHALMOLOGICAL CONGRESS.

AT the commencement of the first morning sitting on Thursday, August the 1st, the following paper was read:—

### ETHER IN OPHTHALMIC SURGERY.

BY JOY JEFFRIES, M.D., BOSTON, UNITED STATES.

Every week gives us substantial proof of the fatality of chloroform in operative surgery. A certain degree of anxiety, therefore, must always be present in the operator's mind, from which he cannot free himself, even if an equally competent person administers the anæsthetic. If these propositions are not true, then there is no force in what I have here to say. I do not advocate the use of ether because I come from the city where its employment in surgery was discovered and promulgated, but because I believe that there are others like myself who do not desire to run the risk of killing a patient with chloroform, and who, perhaps, would gladly avail themselves of ether were they rendered as familiar with its administration and harmlessness as we are in America. Let me be clearly understood. I use and advocate ether because it is as effectual as chloroform, and not dangerous to life. I should not hesitate to use chloroform, though perhaps not so freely as ether, did the latter not exist. As we have ether, I cannot feel justified in using chloroform, and never have done so, I should not unless forced to; therefore it is that I desire to induce others to familiarise themselves with the use of ether. I believe that those who now use chloroform exclusively, and who can never do it without danger to the patient, would employ ether did they understand how to do so. I would unhesitatingly say that I think this is largely the reason why ether is not made use of; and I opine there is some indefinable dread of it, caused by the fatality of chloroform, simply because ether is an anæsthetic. Now I desire to here say at once that I believe it is difficult to kill any one with ether, and that death never occurs accidentally while it is being inhaled. The accumulated evidence on this point is sufficient for me at least, as the accumulated evidence of the fatality of chloroform is sufficient to deter me from ever using it unless forced by necessity. That ether is more difficult to take and to administer I recognise and appreciate as well as any one. I do not wish to be harsh with my medical brethren either at home or abroad, but I cannot but think that the disagreeabilities of ether induce some to run the risk of the use of chloroform, which may be fatal—when, who can foretell? I do not propose to enter into any discussion as to the action of ether, or the special methods of using it. I would, however, here say, that many of the disagreeabilities of ether—nausea, vomiting, and headache—may be avoided or mitigated by the patients taking no, or but a light, supper the evening previous to the operation, and absolutely *no food whatever* the morning of the operation, which should, if possible, be done not later than 9 or 10 A.M. Ether, at the worst, is but a profound intoxication, and not unlike a drunken fit. On the other hand, thousands inhale it without trouble, as proved by their anxiety to take it a second time if necessary. A towel rolled into a cone, with a napkin or sponge pushed to the top of the inside, is all we need to pour our ether on, whilst our fingers can mould it over any mouth and nose. Some years ago I often heard in Europe medical gentlemen say, "But there are so many people who cannot take ether." I have yet to see one. The truth is, I believe, that surgeons who use chloroform are afraid of ether, and do not dare to give enough of it at once in the commencement. Now if the patient is warned that the ether will choke him, and told when this occurs to take long breaths to relieve it, and not to struggle and endeavour to push away the sponge, many will go to sleep quietly and without trouble to themselves or the surgeon. I have but one other point to speak of in reference to giving ether. When the patient, whether old or young, struggles, and asks for a respite and fresh air, do not yield. Hold them down by main force if necessary, and at any rate keep the sponge tight over the mouth and nose till they finally take long breaths and then soon go off into ether sleep. Doing this prevents their remembering anything about their struggles. It is absurd to stop the ether and try to reason with adults excited by the anæsthetic, and cruel not to push on quickly

with children. This may sound almost puerile to my American brethren, but my personal experience tells me that those who use chloroform have somehow a sort of dread of ether, as if it was to be suddenly fatal, and hence fail to give a patient enough to intoxicate him quickly. This arises from lack of familiarity with its use and administration.

In ophthalmic surgery there are several special reasons for the employment of ether. In the first place, death during any other surgical operation might be allowed to pass without creating undue or severe comment, but no community would let pass without it a death occurring from any anæsthetic during the extraction of cataract, an iridectomy, or the removal of the globe. A possible fatal result is not included in ophthalmic surgery. In my own community I should not care to have a patient die from chloroform under my hands, and be myself tried for manslaughter afterwards. The prosecuting attorney could put scores of surgeons on the stand, whose evidence to the jury would be unanimous that I might have employed ether, which is not fatal, and hence the responsibility of the fatality of chloroform rested entirely upon me. It would be an ugly case. Another argument for ether is that it leaves the mind of the ophthalmic surgeon entirely free from any anxiety or thought of the anæsthetic. When the operation does not require him to have an assistant, he may dispense with one to administer the ether, and give it himself, as a little care will enable him to avoid benumbing his fingers with the cold, and any bystander can hold the sponge over the patient's mouth while he sleeps. I do not mean that an assistant is not a convenience, but that with ether we may dismiss thought for the patient's pulse, &c., since blueness of the face over which we are working tells us when to take off the sponge and when to re-apply it. Moreover, operations are very frequent in ophthalmic practice, and an assistant to whom we may commit the administration of chloroform is not always at hand or readily obtained, whilst the necessity for immediate operation may from various causes be very pressing. For myself, I find there are but few ophthalmic operations which I hesitate to undertake alone under ether, when compelled so to do. I do not find that medical gentlemen feel thus about chloroform. Here let me answer by *experience* the *theory* that ether will not act favourably in many ophthalmic operations, in consequence of the nausea and vomiting liable to follow its use. In the ophthalmic hospital with which I am connected, some fifty Graefe's extractions are annually done, almost always under ether, without the subsequent nausea or vomiting, provided this takes place at all, seeming to interfere with the usual course of the recovery or the final result. Some three hundred other operations are also performed under ether. We never use chloroform. I will say nothing here of the use of ether in the general hospitals of my own city, as I desire to confine my remarks to ophthalmic surgery, in which I consider ether a blessing to both surgeon and patient. Finally, I would sum up what I mean, and would here say that ether is never fatal in surgery, it can always be used in ophthalmic practice, as it does not interfere with the operation or its results, it allows the operator to work alone if compelled to, and free from thought of the patient's condition. I admit that it is not so pleasant to give or take as chloroform. With those who can administer this latter without anxiety, and can rest at peace with their own conscience and the community in which they live after a fatal case under their hands, my remarks can of course have no force, and for such they are not intended.

Mr. BRUDENELL CARTER said: I much regret, Sir, the absence from among us of a gentleman who, more than any other in London, is in the habit of administering ether,—Mr. Warrington Hayward, the surgical registrar and chloroformist to St. George's Hospital. He has advocated very strongly the use of ether in general surgery, but his experience is, and I must say that mine entirely coincides with it, that ether as an anæsthetic agent does not produce sufficient muscular relaxation to fulfil all the requirements of the ophthalmic operator. As we have had it administered at St. George's Hospital, we have certainly found that the recti muscles have not been rendered passive in the degree that I should desire, and after some experience both Mr. Hayward and myself have determined to lay it aside, and return to our old and trusted friend chloroform, of which I must say we have no fear, and which we have never had any reason to regret using. It is with great deference that I venture to question the statement of Dr. Joy Jeffries about the safety of ether, but unless my memory plays me altogether false, there have been deaths from ether recorded in surgical history. I think that when anæsthetic agents were first introduced, and ether was the only one considered to be of any practical value, certain deaths did occur. I shall be grateful, Sir, if Dr. Jeffries will come to St. George's Hospital and administer ether for us, that we may see whether our past dissatisfaction with it may be in any way due to our faults of administration.

Dr. O'LEARY observed that many differences in the effect of ether, when administered as an anæsthetic, were due to differences in the purity of the drug. He believed it to be a perfectly safe remedy, provided it be pure.

Mr. JABEZ HOGG said that after much experience with various anæsthetics he preferred to operate without any anæsthetic. The resistance of the recti muscles was the best possible aid to extraction.

Dr. JEFFRIES.—I would say, in answer to Mr. Carter, that the Medical Society in Boston appointed a committee some years ago to investigate all the reported cases of deaths by ether. That was done, and they could not find that any one of those reported deaths was due to the anæsthetic. When the muscles are too tense for the operation I doubt if ether enough has been given.

## THE SURGICAL TREATMENT OF OPTIC NEURITIS.

BY DR. DE WECKER, OF PARIS.

The author commenced by referring to the researches of Schmidt and others, by whom it has been shown that the cause of optic neuritis, or choked disc, is often an accumulation of fluid in the space between the inner and outer sheath of the optic nerve. Such an accumulation is often dependent upon a like excess of serosity in the sub-arachnoid space; and it acts mechanically upon the circulation of the disc by compressing the efferent veins of the retina in the region of the sclerotic ring. For this mechanical impediment to the flow of blood a mechanical remedy seemed to be indicated; and the author, after trials upon the dead subject, determined to attempt the incision of the nerve-sheath and sclerotic ring in the living patient. He selected a case in which the compression, presumed to be due to intracranial tumour, had already produced blindness, and in which there was much suffering from headache. An incision was made through the conjunctiva in the interval between the inferior and external recti, at a centimetre from the margin of the cornea. Tenon's capsule was carefully divided, and the globe luxated upwards and inwards. Dr. de Wecker could then feel the distended nerve-sheath. With a guarded knife made for the occasion he punctured the sheath a short distance behind the globe, and drew the knife forwards, dividing the sheath in its course, until he had incised the edge of the sclerotic ring. The eye was then replaced, the lids were closed, and a compress was applied. The operation was followed by no reaction, and the wound healed readily. The patient was at once greatly relieved from severe headache on the affected side, and the circulation in the disc could be seen by the ophthalmoscope to be more free. Dr. de Wecker had operated also in a second case of a similar kind, with the same result. In neither had there been any improvement of vision, nor could any such improvement have been expected; but he brought forward the cases in order to prove the practicability and harmlessness of the procedure, in the hope that, these once established, it would be employed at an earlier stage of choked disc, and with more decidedly curative results. He exhibited the instruments employed, and said that they would be placed in the hands of Messrs. Weiss.

In the discussion which followed two or three of the speakers condemned the operation on the general ground of the uselessness of interference with a case of cerebral tumour. They rather missed the point of Dr. de Wecker's paper, which was to demonstrate, *in corpore vili*, the practicability of affording mechanical relief to compression of the nerve, and perhaps also to distension of the sub-arachnoid space. The relief afforded to headache is a very important fact; and the experience we have of the good results of relieving distension in cases of local inflammation in other organs, gives some ground for the hope that in-

cision of the nerve-sheath might exercise an influence for good in any case in which a choked optic disc accompanied meningitis. At all events the experiment is one that both might be and ought to be attempted.

## THE FACTORY AND WORKSHOPS ACTS.

THE reports of Mr. Redgrave and Mr. Baker, the chief inspectors of factories, are just issued, and are chiefly noteworthy on account of particulars contained therein as to the working of an Act passed last year, which brought under the supervision of these officers workshops as well as factories. The terms of this Act indicate that the owners of these establishments are now only compelled to report accidents which cause loss of life to any persons employed, and those which cause bodily injuries, produced by machinery or by explosion or escape of gas, steam, or metal, and of such a nature as to prevent the person injured from returning to his work in the factory within forty-eight hours after the occurrence of the accident. Mr. Redgrave reports that during the six months ended April 30th, 1872, a total of 3918 accidents, classed under the above headings, occurred. A great increase in the number of inspectors formerly employed has been made, and the chief trades now thoroughly supervised are straw-plaiting and straw-bonnet factories, pillow-lace making, lace clipping, &c., bosiery making, embroidery, horsehair seating, hand-loom weaving, cutlery, artificial flower making, envelope and fancy and paper box making, cabinet and chair making, rope and twine making, dress-making, millinery, tailoring, shirt and collar making, hat, cap, boot and shoe making, and brickmaking. The other chief feature of the Act of 1871 is an authority conferred upon the Secretary of State, when satisfied that any trade is influenced by the state of the weather or the season of the year, to permit extra time to be worked to the extent of one hour and a half per day, not exceeding ninety-six days in the year. The making of bricks, dresses, and straw plaits comes particularly under the above heading, and the inspector records that this, as well as the other general clauses of the Act, have been found to work exceedingly well, the employers being ready to accept the new regulations, and the parents of the children employed becoming convinced that the law is beneficial. But Mr. Redgrave summarises several conditions in the Factory Acts which require alteration, which even proposed legislation does not touch, but "which really cry aloud for amelioration." Children may still be set to work at eight years of age, boys of thirteen may be employed all night in blast furnaces, or in paper mills, letter-press printing offices, and any factory in which water power only is employed. They are also permitted to work in paper-mills and glass factories between midnight on Sunday to midnight on Saturday for fourteen hours together, and girls of fourteen may be employed in bookbinding until 10 at night. A very decided opinion, is, however, expressed that social and sanitary legislation on these matters is more likely to be successful if attempts are made to define unhealthy occupations more precisely, and to restrict work of children, rather than to settle the exact number of hours of labour.

# Correspondence.

"Audi alteram partem."

## UNSKILLED MIDWIFERY.

*To the Editor of* THE LANCET.

SIR,—I trust you will agree with me in thinking that it is high time that the attention of our profession should be aroused to an evil which not only exists extensively, but appears to be rapidly on the increase, not perhaps more on account of the injury which it does to a very large and important class of its members, than of the more serious consequences which cannot but thereby accrue in those sections of society in which it is rife.

I allude to the practice of midwifery by uneducated and therefore unqualified persons. I have reason to know that the habit of attending women in parturition is becoming, especially in rural districts, a trade carried on by druggists and others; and have heard of instances of great peril to the "hapless babes" and still more "hapless" mothers, through the entire ignorance on the part of these self-made obstetricians of all but the most common-place principles of their art.

It is hard to say why this branch of our profession should altogether have been left in the cold shade of administrative neglect—i.e., without that legal protection which is accorded to the sister branches, medicine and surgery. Surely it might be said to be of higher importance than either of these to our social polity; and, as a science, hardly inferior to either in respect of the kind and amount of knowledge—physiological, pathological, and practical—that are required for the competent discharge of its obligations. The corporations belonging to our profession require a competent acquaintance with the principles and practice of midwifery as a condition of receiving their diplomas of licentiateship or membership respectively. Why, then, should the anomaly longer be permitted that others are allowed to practise this art without these tests of qualification for the proper discharge of its duties?

It may be said with regard to female obstetricians that certain women prefer their help in this emergency. I believe that this is only exceptionally the case. The majority prefer men. The other taste can, however, be indulged in, and rightly too. There are women now, highly accomplished, I believe, in this and other branches of our profession, who have entered upon its practice through the legitimate portals; and others may and are following their examples, and, probably, quite in sufficient numbers to meet the demand.

I would, then, that the profession, and especially its governing bodies, take early steps with the view of putting a stop to an evil which, I repeat, is so unjust to its members and perilous to the best interests of society; and that in future it be demanded of those who practise *obstetrically* that they shall show the same competence to undertake and discharge its duties as those who practise in the sister branches of our profession.

I am, Sir, your obedient servant,

Finsbury-place South, August 13th, 1872. JOHN GAY.

## ECTROTIC TREATMENT OF SMALL-POX.

*To the Editor of* THE LANCET.

SIR,—That small-pox should have to be treated at all in the British Isles is no less an opprobrium to civilisation than a reflection on our legislation. In efficient vaccination there exists beyond all question or doubt as complete and perfect a preventive of small-pox as anything that can be imagined. I say "efficient" advisedly, believing, as I do, that the public want of faith and confidence in vaccination, together with the prejudices and foolish notions of the anti-vaccinators, arise in great part from the inefficient vaccination which is practised; and, again, though in a minor degree, from the improper selection of vaccine lymph, and not from the inutility of the operation itself.

The medical profession in this borough have had abundant opportunities for the last twelve months of noticing the preventive influence of vaccination on variola, and nothing has been more common than to meet with persons having three tolerably recent marks on one arm suffering from a severe attack of small-pox. I contend that to stamp out the disease there must be no less than three well-developed vesicles produced on either arm of every child. A less number of marks will not confer a complete immunity, and I am within the mark when I say that the majority of the children in England have not more than half that number of marks on their arms. We must not, therefore, be surprised at the present outbreak of small-pox.

When, however, vaccination, properly so called, has been neglected, and we are summoned face to face with "the direst complaint that has ever dogged the path of civilisation," it behoves us to encounter the difficulty equipped with our best armour.

Mr. Furley's ingenious method is all very well in theory,

but, unfortunately, it does not answer in practice. I have tried it with results that were alike unsatisfactory to my patient and myself—effects which were injurious, and therefore "worse than useless," as Dr. Grieve has stated.

The treatment which I have found most successful, and which I now practise, is a modification of that introduced by Dr. Watson, and reported in THE LANCET of July 13th. It consists of free ablution and sponging of the skin three times daily, and in severe cases more frequently with carbolic acid soap (Calvert's, containing 20 per cent. of acid) and tepid water. The sponging completed, I direct the skin to be dabbed dry with lint or other soft porous material, after which the patient usually falls off into a tranquil sleep—awakes refreshed, conscious of, and not unfrequently acknowledges with gratitude, the benefit derived from the treatment.

At that period of the disease when scabs begin to form, in addition to the free ablution of the whole body with the soap, I apply at intervals of six hours a mixture containing one part of carbolic acid to twelve of oil.

I have treated in all thirty cases of small-pox after this method without one death, and, in my opinion, the course of the disease is considerably modified by it. The stages of eruption and secondary fever are shortened, and it has the additional advantage of being cleanly in its nature and grateful to the patient.

I am, Sir, truly yours,

Southsea, August 12th, 1872. DANIEL MACKINTOSH, M.D.

## PLASTIC APPARATUS IN SURGERY.

*To the Editor of* THE LANCET.

SIR,—I can corroborate the testimony in favour of the plaster-of-Paris, or Gyps-bandage, brought forward by Dr. St. John, of New York, whose paper on the subject is reviewed by you (THE LANCET, August 10th, p. 201), by calling attention to the fact that this bandage has been in use for many years, to the exclusion of every kind of splint, in the Clinical Hospital of Herr Langenbeck, at Berlin. Perhaps it may be of interest to some of the readers of THE LANCET if I describe the mode of application in use at that hospital. The Gyps-bandage consists of book muslin, having dry plaster rubbed into the mesh. This is easily done by rolling up the bandage slowly in a vessel filled with dry plaster. It is well to roll the bandage round a pencil as a core, with the object of allowing water to permeate readily to the centre. These and others can be kept ready for use if lying in dry plaster. The plaster should be the fine sort, used by modelers. When a fracture is to be put up, a flannel roller is first put on, then a thin layer of cotton wool, then the Gyps-bandage, previously dipped in water for about a minute. Some plaster is mixed in a bowl, and as a layer of bandage is finished, this wet plaster, about the consistence of cream, is smoothed on with the hand. About three layers of Gyps-bandage are ordinarily used. The bandage possesses three merits. A soft elastic cushion is next to the limb, so that if slight swelling happens there is room for expansion to prevent pain, while the equal pressure supports the vessels. The hard case prevents motion, and is without difficulty fitted accurately to the limb. The bandage can be rendered impervious to water by pouring over it a solution of resin in sulphuric ether, one part to four. When in Berlin some years ago I saw this bandage applied to fractures of clavicle, of scapula, of extremities, and after excision of joints.

I am, Sir, yours, &c.,

Haverstock-hill, August, 1872. H. HY. SMITH, M.B.

## LONDON WATER-SUPPLY AND THE PUBLIC HEALTH ACT.

*To the Editor of* THE LANCET.

SIR,—Permit me to correct a misapprehension which underlies part of your note on "The Control of the London Water Companies," in THE LANCET of August 10.

The Public Health Act provides not merely that the Local Government Board shall on the 1st of January next possess the powers hitherto vested in the Board of Trade under the Metropolis Water Acts, but also that these powers may at any time after the passing of the Act be transferred to the Local Government Board by an Order in Council.

The reason assigned for modifying the words, "effecting an immediate transfer," which on my motion the House of Commons had approved, was, as you state, that the Board of Trade had not concluded the inquiry as to the regulations under which a constant supply shall be introduced. Seeing that that obstacle no longer exists, the inquiry having terminated on Thursday last, August 8, and seeing that Mr. Chichester Fortescue has stated that the confirmation of certain regulations by the Board of Trade would follow promptly on the completion of the inquiry, we may hope very soon to hear of the Order in Council, by virtue of which the Board of Trade will be relieved of its sanitary functions in relation to the London Water Companies by the department specially entrusted with the administration of the laws relating to the public health.

I am, Sir, yours faithfully,

Onslow-square, S.W., Aug. 1872. W. J. KAY-SHUTTLEWORTH.

## DRAINAGE INTO THE THAMES.

*To the Editor of* THE LANCET.

SIR,—In your article upon the above subject, which has been largely copied into other papers, I see you include Teddington as one of the offending parishes. I think it necessary, therefore, to call your attention to the fact that it has ceased to send sewage into the Thames for about two years, and that it is the only parish on the banks of that river which has complied with the requirements of the Conservators, and in an efficient and inexpensive manner, the effluent water being purer than the stream into which it flows; and, as Dr. Letheby had a quantity to analyse for the Conservators some ten months ago, and as we have as yet had no report, we may fairly presume that it reaches the standard of purity required by that body.

I am, Sir, yours obediently,

THE SURVEYOR TO THE TEDDINGTON LOCAL BOARD.

Teddington, 14th August, 1872.

# Obituary.

## SIR ANDREW SMITH, K.C.B.

A TYPICAL specimen of the Scottish physician of the old school has passed away in Sir Andrew Smith, late Director-General of the Army Medical Department. Born in Roxburghshire in 1797, he studied medicine at the University of Edinburgh, and after receiving his diploma entered the army as assistant-surgeon in 1815. His intelligence and energy soon brought him into notice. He served with distinction in various quarters of the globe, and his rise was rapid. In 1821 he went to the Cape, and returned to England in 1838. A short time after he was sent to Fort Pitt, Chatham, where he filled the post of principal medical officer. At the instance of Sir James MacGrigor, the Director-general of the Army Medical Department, he was transferred to London, and acted as his assistant, till in 1851 Sir James retired, and Dr. Smith was appointed his successor by the Duke of Wellington. This post he filled till 1858, when, in consequence of impaired health, he retired. During the Crimean campaign Dr. Smith was accused of grave dereliction of duty in his department, and the newspaper press, from *The Times* to *Punch*, subjected his conduct to all kinds of censure. Before the Sebastopol Committee and other tribunals, however, he succeeded, by the production of evidence of various kinds, in vindicating himself triumphantly, and shortly afterwards received the distinction of Knight Commander of the Bath.

Incessant and varied as were his duties, first as an army surgeon and subsequently as a director-general, he found time to make many valuable contributions to scientific literature. His experience in Southern Africa he embodied in a number of able and interesting papers, which prepared the public for his very important work entitled "Illustrations of the Zoology of South Africa." Into the question

of who were the aborigines of that region he entered minutely and ingeniously; while his comments on the various tribes of Kaffirs are instructive as collateral illustrations. These writings, unfortunately, were never made *publici juris*; but some time we hope his executors will put their substance in a tangible form, so as to supplement the investigations into Central Africa at present prosecuted by his great countryman, Dr. Livingstone. On all questions relating to the people of South Africa he was looked up to as an authority; his opinion was repeatedly taken by successive Governments; and it was entirely due to his representation and counsel that Natal, now such a prosperous district, became a colony of the British Crown.

Sir Andrew Smith was greatly respected by his department and highly esteemed by a wide circle of friends. His energy, acuteness of mind, and varied accomplishments left their impress on every enterprise he embarked upon; while his decision of character, amounting at times to a peremptoriness and impatience, almost choleric, was confirmed, not to say aggravated, by his early military associations. He was an excellent representative of the class to which Sir James MacGrigor, Sir William Burnett, and other equally energetic Scotchmen, belonged—a class not without its foibles and failings, but distinguished by its sterling ability, high sense of duty, and exemplary suit and service to crown and country.

# Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—At a meeting of the Council on the 8th inst. the following Members were admitted Fellows of the College by election:

Bowes, Richard, Richmond, Yorkshire; diploma of membership dated November, 1841.
Spencer, Francis, Chippenham, Wiltshire; December, 1839.

**UNIVERSITY OF LONDON.**—The following candidates have passed the recent First M.B. Examination:—

FIRST DIVISION.—Henry Radcliffe Crocker, Peter Thomas Duncan, Alfred Pearce Gould, and Walter Benoni Houghton, University College; George Ernest Herman, London Hospital.

SECOND DIVISION.—Albert Boyce Barrow, Geo. Henry Batterbury, George Chapman Briggs, and George Edward Moore, King's College; George Garlick, Jean Arthur Hullard, Hampden Gurney Jameson, Thos. Edwin Maclean, and Edward George Whittle, University College; Vincent Dormer Harris, Tom Henry Sawtell, and Joseph Cooke Verco, St. Bartholomew's Hospital; Henry Hetley, Thomas Simmons Morley, Fredk. John Morton Palmer, and Sydney Howard Vines, Guy's Hospital.

EXCLUDING PHYSIOLOGY.

SECOND DIVISION.—Charles Edward Harrison, St. Bartholomew's Hospital; George William Homan, King's College; George Hawson Keyworth and James Arthur Rigby, Guy's Hospital; George Robert Stell, University College.

PHYSIOLOGY ONLY.

SECOND DIVISION.—William John Davison, Newcastle-on-Tyne College of Medicine and University; Arthur Nicholson, King's College.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst.:—

Elliot, Norman Bruce, Denmark-hill.
Hedley, John George, York-street, Portman-square.
Palmer, Montagu Henry Campbell, Newbury, Berks.

On the same day the following gentleman passed his First Professional Examination:—

Clare, John, Guy's Hospital.

**UNIVERSITY OF ABERDEEN.**—During the past year, the following candidates, after the usual examination, received degrees in Medicine and Surgery:—

DEGREE OF M.D.

Busfield, Harcourt M'Leod, Lonmay.
Clark, Thomas Edward, M.R.C.S., U.S.A., Clifton.
Pearson, T. B., M.R.C.S.Eng., L.R.C.P.Ed., Shotley-bridge, Durham.

At the same time the following gentlemen rerceived promotion to the degree of M.D.:—

Anderson, Alexander Thomas, M.B., C.M., Wigan.
Beattie, George Watson, M.B., C.M., Ballater.
Blacklock, Arthur Woolsey, M.B., C.M., Brighton.
Blake, Edward Thomas, M.B., Reigate.
Catto, Robert, M.B., C.M., Portsoy.
Gillies, John, M.B., Melksham, Wilts.
Hutchison, G. Wright, M.B., C.M., Belford Hosp., Fort William.
Lawrence, Alexander M.B., C.M., County Asylum, Chester.
M'Rae, Alexander Edward, M.B., C.M., Fettercairn.
Maconachie, G. Archibald, M.B.C.M., Grant Med. Coll., Bombay.
Manson, David, M.B., C.M., Amoy, China.
Milne, Thomas, M.B., C.M., New Deer.
Morison, George, M.B., C.M., Huntly.
Munro, Alexander Begg, M.B., C.M., St. Helen's, Melrose.
Newth, Alfred Henry, M.B., Hayward's-heath, Sussex.
Rosser, Walter, M.B., Trinity College, Glenalmond.
Thomson, George, M.B., C.M., Oldham, Lancashire.
Thomson, John William, M.B., C.M., Brechin.
Timmins, John A. J., M.B., C.M., Wellington.
Waterworth, Edward Allan, M.B., Newport, Isle of Wight.
Williams, Albert, M.B., C.M., Sydenham, Surrey.
Willock, Richmond Cotts, M.B., C.M., Aberdeen.
Yeats, William, M.B., C.M., Stafford.

DEGREE OF M.B.

Aldridge, Charles, L.R.C.S. Lond., West Riding Asylum, Wakefield.
Burrell, Alexander, Fort William.
Campbell, William, Kinellar.
Carless, William, Stroud, Gloucestershire.
Cushny, William Alexander, M.A., Fochabers.
Elliot, Frederick William, M.R.C.S. Lond., London.
Farquharson, Patrick Davidson, New Deer.
Footner, Edward, M.R.C.S. Lond., 91st Highlanders.
Forsyth, Alexander, Aberdeen.
Fowler, George William, Chalmers' Hospital, Banff.
Garden, Robert John, Aberdeen.
Gibb, Robert Shirra, Cults, Aberdeen.
Gibbes, Cuthbert Chapman, Plymouth.
Gibbons, John Stephen, Swallowvale, Lincolnshire.
Godson, Clement, M.R.C.S. Eng. and L.M., London.
Gosse, Charles, M.R.C.S. Lond., South Australia.
Inglis, James, Aberdeen.
Knowles, William Bisset, Aberdeenshire.
Law, James, Aberdeen.
Lawrence, Alfred Edward Aust, Bristol.
Low, David, Skene.
Lyon, John, Petercultor.
Macdonald, John Davidson, M.A., Clatt, Aberdeenshire.
MacKenzie, Duncan John, Ross-shire.
M'Gregor, Wm., L.R.C.P. & L.F.P.S.G., Lunatic Asylum, Aberdeen.
Mickle, George, M.A., Ripon.
Mitchell, Andrew, New Deer, Aberdeenshire.
Parkinson, John Taylor, M.R.C.S. Ed., Yorkshire.
Pringle, John, Torwoodlee.
Reid, James, M.A., Ellon.
Reid, James Alexander, Kildrummy, Aberdeenshire.
Reid, Robert William, Auchindoir.
Rennie, Thomas, Inverurie.
Rigby-Hughes, John, M.R.C.S. Eng., Runcorn, Cheshire.
Robertson, George James, Daviot.
Smith, George Washington, Methlick.
Stephen, James, M.A., St. Cyrus, Kincardineshire.
Swaine, Frederick Robert, Bengal.
Tytler, Peter, Midmar.
Wright, Francis James, L.S.A., Preston, Lancashire.
Wyness, James Davidson, Aberdeen.
Welford, George Edward, Sunderland.

DEGREE OF C.M.

Aldridge, Charles.
Burrell, Alexander.
Busfield, Harcourt M'Leod.
Campbell, William.
Carless, William.
Clark, Thomas Ed.
Cushny, William Alex.
Farquharson, Patrick D.
Forsyth, Alexander.
Fowler, George W.
Garden, Robt. John.
Gibb, Robt. Shirra.
Gibbes, Cuthbert C.
Gibbons, John S.
Godson, Clement.
Gosse, Charles.
Inglis, James.
Knowles, William B.
Law, James.
Lawrence, Alfred Ed. A.
Low, David.
Lyon, John.
Macdonald, John D.
Mackenzie, Duncan J.
Mickle, George.
Mitchell, Andrew.
Parkinson, John Taylor.
Pearson, Thomas B.
Pringle, John.
Reid, James.
Reid, James Alexander.
Reid, Robt. W.
Rennie, Thomas.
Rigby-Hughes, John.
Robertson, George James.
Smith, George Washington.
Stephen, James.
Swaine, Fred. R.
Tytler, Peter.
Wright, Francis James.
Wyness, Jas. Davidson.
Welford, Geo. Edward.

**COLLEGE OF PHYSICIANS, IRELAND.**—At examinations held on Aug. 3rd, 5th, 6th, and 8th, the following gentlemen obtained the licences in Medicine and Midwifery:—

MEDICINE.—Henry Walter Butler Boyd, Joseph Byrne, Richard Augustus Shelton Daly, Baptist Gamble, Charles Edward Ryan, Richard Gilham Thomsett, Alexander Waddell, William Warren.

MIDWIFERY.—Henry W. B. Boyd, Richd. Augustus Shelton Daly, Baptist Gamble, Richard Edmond Ross, Charles Edward Ryan, Richard Gilham Thomsett, Alexander Waddell, William Warren.

THE Local Government Board have awarded Mr. Charles P. Stevens a second gratuity of £13 8s., as Public Vaccinator to the Biggleswade District.

BY an Order in Council, published in the "Gazette" of the 9th inst., local authorities are empowered, with the view of preventing the spread of infectious diseases among animals, to make regulations to compel owners, lessees, or occupiers of places used for the lairage of cattle, to cleanse and thoroughly disinfect such places at their own expense. The same order declares the Foreign Cattle Market at Deptford to be no longer an infected place within the meaning of the Contagious Diseases (Animals) Act.

A CASE was recently tried at the Guildford Assizes before Mr. Baron Bramwell in which Mr. Wanklyn, an analytical chemist, brought an action against Mr. Gamgee, the veterinary surgeon. Mr. Wanklyn claimed about £500 for services rendered in the conduct of the *Milk Journal*. The jury, after a short deliberation, returned a verdict in favour of the defendant.

HARVEY TERCENTENARY MEMORIAL.—A meeting of the London General Committee was held at the Royal College of Physicians on the 29th ult. Dr. Bence Jones, F.R.S., presided. It was resolved to invite the Earl of Derby to become chairman of the committee. His lordship has since consented. An Executive Committee was appointed, consisting of Dr. Burrows, Sir Wm. Gull, Bart., Dr. Sibson, Dr. Munk, Mr. Hancock, Sir James Paget, Bart., Dr. Quain, Mr. John Simon, the Rev. W. F. Erskine Knollys, Sir F. Hicks, Mr. Foster White, Mr. T. Turner, Mr. N. Montefiore, and Mr. Drummond. Mr. G. Eastes, M.B., 5, Albion-place, Hyde-park-square, W., was appointed Honorary Secretary to the London General Committee. The thanks of the meeting were voted to the President and Fellows of the College for the use of the room, and to the Chairman for presiding at the meeting.

BEQUESTS, &c., TO MEDICAL CHARITIES.—The Rev. G. W. Bowyer-Adderley bequeathed £1000 to the General Hospital, Birmingham. Miss Maria Waldron, of Trowbridge, bequeathed £500 to the Bristol Infirmary, £500 to the Salisbury Infirmary, £500 to the Bath General Hospital, £200 to the Royal Hospital for Incurables, £200 to the Trowbridge Cottage Hospital, and £200 to the Asylum for Idiots, Earlswood, Surrey. The General Hospital, the General Dispensary, and the Children's Hospital, Birmingham, have each received £250 under the will of Mr. James Daniel. The Royal United Hospital, Bath, has received £100 from "M."

# Medical Appointments.

BARON, T., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Ulceby District of the Glanford Brigg Union, Lincolnshire, vice E. G. Baron, M.R.C.S.E., resigned.

CHARTERIS, M., M.D., has been appointed a Physician to the Royal Infirmary Dispensary, Glasgow, vice P. A. Simpson, M.D., L.R.C.P.Ed., resigned.

CLARKE, F. W., M.R.C.S.E., has been appointed Medical Officer for Districts Nos. 4 and 5 of the Bury St. Edmund's Incorporation of the Poor, vice G. P. Hubbard, M.R.C.S.E., deceased.

CONNELLY, Mr. S. T., has been appointed Junior House-Surgeon to the Infirmary and Dispensary, Bradford, Yorkshire, vice W. L. Roberts, M.R.C.S.E., promoted to Senior.

FOUNTAIN, E. J., F.R.C.S.E., has been appointed Medical Superintendent to the Bristol Medical Mission.

GIVEN, G. K., L.R.C.P.Ed., L.R.C.S.Ed., has been elected Medical Officer to the Workhouse and Fever Infirmary, and Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Gortin Dispensary District of the Gortin Union, Co. Tyrone, vice W. Parke, L.R.C.P.Ed., L.R.C.S.I.

GRIFFIN, J., M.D., has been appointed a Medical Officer to the Provident Dispensary attached to the Horton Infirmary, Banbury.

GRIMBLY, R., M.R.C.S.E., has been appointed a Medical Officer to the Provident Dispensary attached to the Horton Infirmary, Banbury.

HUGHES, R., M.R.C.S.E., has been appointed a Physician's Assistant to the Royal Infirmary and Dispensary, Manchester, vice Samuel Buckley, M.R.C.S.E., appointed a Medical Officer to the Prestwich Union.

LUCAS, J. C., L.R.C.S.Ed., has been appointed House-Surgeon to the Royal Maternity Hospital, Edinburgh, vice Rae, whose appointment has expired.

M'GILL, J. F., L.F.P. & S. Glas., has been appointed Medical Officer to the Ayr Colliery, vice D. Munro, L.R.C.P.Ed., L.F.P. & S. Glas., resigned.

OATES, J. P., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Stourbridge Dispensary, vice G. Birt, M.R.C.S.E., resigned.

PALMER, H. D., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 6 of the Sudbury Union, Suffolk, vice Geo. Stevens, L.F.P. & S. Glas., resigned.

PRATT, W., L.R.C.P.L., has been appointed Certifying Factory Surgeon for Newtown, Montgomery-hire, vice R. Jones, M.D., deceased.

PROCTER, T., M.R.C.S.E., has been appointed Resident Medical Officer to the Notting-hill Provident Dispensary, vice S. T. Cass, L.R.C.P.Ed., M.R.C.S.E., resigned.

ROSS, D. M'C, L.K.Q.C.P.I., L.R.C.S.I., has been appointed Physician to the County Fever Infirmary, Monaghan, vice W. Temple, M.D., deceased.

THORNTON, J. K., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Ford District of the Glendale Union, Northumberland, vice H. R. Fawcus, M.D., deceased.

TWEEDALE, T., M.R.C.S.E., has been appointed Medical Officer for the Stainland District of the Halifax Union, vice Crowther.

WADE, A. L., M.B., has been appointed House-Surgeon to the Royal Isle of Wight Infirmary, Ryde.

WALTON, R., M.R.C.S.E., has been appointed Medical Officer to the Workhouse, Bury St. Edmund's, vice G. P. Hubbard, M.R.C.S.E., deceased.

WILLIAMS, Mr. (Camden-town), has been appointed House-Surgeon to the Blackburn and East Lancashire Infirmary, vice Manuscl, resigned from ill-health.

# Births, Marriages, and Deaths.

## BIRTHS.

CRINGLE.—On the 11th inst., at Mile-end-road, the wife of Dr. W. H. Cringle, of a daughter.

CROFT.—On the 10th inst., at Bicester, Oxon, the wife of J. H. Croft, M.R.C.S.E., of a son, still-born.

EDWARDS.—On the 18th ult., at St. John's, Antigua, the wife of W. H. Edwards, M.B., C.M., M.R.C.S.E., of a daughter.

FAIRBANK.—On the 13th inst., at Lynton, North Devon, the wife of F. Royston Fairbank, M.D., of a daughter.

MILLER.—On the 10th inst., at Shandwick-place, Edinburgh, the wife of A. G. Miller, M.D., F.R.C.S.E., of a daughter.

SMITH.—On the 7th inst., at Euston-square, the wife of Wm. Abbotts Smith, M.D., of a son.

## MARRIAGES.

BATTEN—BOWLY.—On the 8th inst., at Saltburn-by-the-Sea, Rayner Winterbotham Batten, M.D., to Eliza, daughter of Samuel Bowly, Esq.

WILSON—SHIPMAN.—On the 8th inst., at Bad-worth, Richard Wilson, Surgeon, of Grantham, to Mary Hanah, only daughter of the late Robt. Shipman, Surgeon, of the same place.

## DEATHS.

ANNINGSON.—On the 6th inst., J. Anningson, M.R.C.S.E., of Holderness-road, Hull, aged 59.

CARMICHAEL.—On the 6th inst., H. R. Carmichael, F.R.C.S.I., of Lower Pembroke-street, Dublin.

CRAIG.—On the 6th inst., Wm. Craig, L.F.P. & S. Glas., of Ayr.

HUMBLE.—On the 19th of May, at Patagones, South America, the infant son of the Rev. G. A. Humble, M.D., M.R.C.P., aged nearly one year.

RENTON.—On the 5th inst., James Renton, M.D., of Dalkeith.

SMITH.—On the 11th inst., at Alexander-square, Sir Andrew Smith, K.C.B., M.D., F.R.S., &c., in the 75th year of his age. Friends will please accept this intimation.

THOMPSON.—On the 6th inst., at Nicholson-street, Sunderland, Susan Hamilton, widow of the late Francis Decimus Thompson, Surgeon, aged 64.

WARDELL.—On the 5th inst., at Calverley-park, Tunbridge Wells, Jane, the wife of J. R. Wardell, M.D., F.R.C.P.L., and fifth daughter of the late Robt. Piper, Esq., of The Hall, Pickering, Yorkshire, aged 52.

# Medical Diary of the Week.

## Monday, Aug. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

## Tuesday, Aug. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

## Wednesday, Aug. 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

## Thursday, Aug. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

## Friday, Aug. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

## Saturday, Aug. 24.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

# Notes, Short Comments, and Answers to Correspondents.

### "WARM BERLIN."

WHATEVER the attractions of Berlin to the student of medicine—and these we are far from undervaluing,—the sanitary state of the city must be put on a safe and satisfactory footing before it can reasonably expect to entertain "the stranger within its gates." The picture we lately drew of the hygienic condition of the capital of the German Empire was even short of the scandalous truth. "Since Cloacina," says *The Times* correspondent, "has been considered an amphibious goddess, all the cabbage-water and every kind of soluble horror from the houses pours in fetid nastiness into the all but stagnant canal." Leaning over any of the bridges that span it, one will see "a soot-black hell-broth, writhing, seething, and bubbling with poisonous gases, which roll over the banks, and envelop the people in their venomous folds; then creep into the houses, and devastate the families, or turn the round, rosy faces of childhood into poor, pinched, pallid, withered-looking masks, such as make one's heart bleed to look at." Where the filth accumulates most is the point of departure for the feeders of the artificial lakes in the Hyde-parks and Kensington-gardens of Berlin. The west end of the city has its houses open on each side of the main drain; while the other streets give constant work to a whole army of scavengers in clearing away the black putrid mud which overflows from the gutters to the depth of six or nine inches. Amid all this, diarrhœa prevails extensively, varied by an Egyptian plague of boils. The mortality of Berlin is 40 per 1000. Think of that, Dr. Farr! King Cholera must be inordinately shy if he resists such a hearty, pressing invitation as that held out to him by Berlin.

*A. B. C.* could not do better than read Professor Corfield's book on the Treatment and Utilisation of Sewage, and Professor Parkes's work on Hygiene.

*T. A. H.*, (Lincolnshire.)—The circular is by no means in good taste.

### BLOOD TUMOUR OF VULVA.

*To the Editor of* THE LANCET.

SIR,—The following are some brief notes of a case of blood tumour of vulva, which appears to be interesting both on account of its rarity and the extremely favourable termination.

Mrs. W——, aged twenty-two, first pregnancy, was confined after a hard labour at one P.M. on April 12th, 1872, the placenta following quickly, with no undue hæmorrhage. Shortly after I left, severe pain commenced in the right labium, and she became aware of a considerable swelling there. I was sent for at once, and saw her again about four P.M. I was told there had been a tumour as large as the child's head, which had burst, and so relieved the extreme pain. On examination, there remained a tumour about the size of a small orange in the substance of the right labium, composed of clotted blood, with a vertical wound in it about three-quarters of an inch in length, and about an inch and a half in depth (not communicating with the vagina at all). From the appearance of the linen, &c., I should estimate the loss of blood at about three or four ounces. There had been no varicose condition of the vaginal veins during labour or, so far as I could ascertain, previously.

April 13th.—Doing well. Has passed no urine, but is in no pain. Ordered, fomentations to lower part of abdomen. Tumour much the same; no discharge from it.

14th.—Was called early on account of continued inability to pass urine, with pain. Passed catheter, and drew off about three pints of urine. Tumour still the same.

15th.—Yesterday afternoon the tumour began discharging clotted blood, which continues to-day. Still retention, but no pain. Passed catheter.

16th.—Could pass urine without aid. Clots still being discharged.

17th.—Slight rigor last night, and some abdominal tenderness; thirst and headache, but no diminution of lochia or milk. Ordered, small doses of aconite, with effervescing salines. No difficulty with urine. Tumour still discharging freely, and much less in size.

19th.—Discharge from tumour much less, and has shrunk in size. Passes urine freely. Slight abdominal tenderness, but feels better. Repeat mixture.

20th and 21st.—Discharge continues getting less.

22nd.—No tumour perceptible, only the wound in the labium healing by granulation. None but lochial discharge, and that slight. Feels quite well, and would like to get up.

26th.—Has sat up the last two days, and felt no discomfort. On examination, wound now nearly healed up, with scarcely any discharge.

My attendance on her ceased here; but I heard about a fortnight afterwards that she was perfectly well in every way.

Yours truly,
S. G. SLOMAN, Jun., L.R.C.P. Lond., &c.

Farnham, Surrey, August 1st, 1872.

*Williams.*—1. The pay of surgeons in the service ranges from £10 to £14 per month, according to station.—2. Surgeons are kept on foreign stations for some time after entering the service; but they receive the maximum rate of pay on the most unhealthy stations (e. g., the line from Suez to Bombay).—3. We have no information on this point. There are some surgeons on the home (i. e., the Mediterranean) stations who have served for upwards of ten years.—4. All medical officers are compelled to subscribe to an Insurance Fund; but we are not aware of the existence of any superannuation allowance, and in any service of this kind it is almost unknown.

*Qui se sert de la Lampe au moins de l'Huile y met*, (Malta.)—The communication shall receive insertion next week.

### UNQUALIFIED ASSISTANTS.

WE have been literally inundated by letters from both principals and assistants, the latter qualified and unqualified, on the subject of the relations between these several branches of the profession. We cannot say that our unqualified correspondents have succeeded in modifying the convictions we lately had occasion to express concerning the class to which they belong—a class, doubtless, comprising many well-meaning and industrious persons, and perhaps some capable and meritorious practitioners. None the less, but perhaps rather the more, do we regard the existence of the class itself as an evil, and we are sure that no ten righteous amongst its ranks can save its privileges for any considerable time. The principals who write to us complain that qualified assistants are not fit for the duties they undertake; the qualified assistants complain that they are not treated with due courtesy and consideration. The many principals and assistants who are mutually satisfied hold their peace; if they did not, we should have to enlarge our letter-box, and the Post-office would require a new van. To the minority we can only recommend forbearance, the answer that turneth away wrath, and the charity that thinketh no evil. The battle of life falls hardly enough, oftentimes, upon principal as well as upon assistant, and much may be excused to those who bear its burden.

*South Hornsey.*—It is neither customary nor proper, unless for very special reasons, for a consulting surgeon to recommend a medical man to a patient other than his ordinary adviser.

*D. M.* had better apply to the gentleman whose name is mentioned in his letter.

### DIPSOMANIA.

*To the Editor of* THE LANCET.

SIR,—The accompanying scrap found among the papers of a rising barrister, who fell a victim to his mania at the early age of twenty-eight, will, I think, be of more than private interest at this time, when we are all longing for some plan to be adopted to enable us to deal with dipsomaniacs. Repentance came too late in this case, granting it had been sincere, total structural degeneration of liver and kidneys precluding possibility of living.

"Have you never seen the confirmed drunkard arise after a night of dissipation, weary, ill, trembling from the effects of incipient delirium tremens, cursing the drink that was ruining him, cursing the fate that made him drink, cursing himself for being too weak to refrain from the poison. A few hours more—aye, a few moments perhaps more,—and the repentant takes the draught that has become absolutely necessary to enable him to collect his ideas, and then follows another, and yet another, until the beauties of the virtue he admires, he in vain in his sober moments longs for, prays for, yearns for, fades before him, and he becomes once more lost in the darling passion, the weakness, if you like, of his poor mortal frailness."

No comment of mine is needed.—Yours obediently,
RICHARD NEALE, M.D. Lond.

Boundary-road, St. John's-wood, Aug. 9th, 1872.

### CANTHARIDES POISONING.

DR. PALLÉ, in a recent number of the *Journal de Phar. et de Chimie*, relates an interesting case of some soldiers who had in mistake drunk large quantities of tincture of cantharides. Although the physical suffering and agony were very great, there were no cerebral symptoms apart from the excitement caused by pain and terror. Vesical and rectal tenesmus were observed in all the patients. The penis was swollen and painful, but not rigid; no priapism and no aphrodisia. In every case the urine was albuminous, while some suffered from paraplegia. The treatment pursued, and under which all recovered, was the ordinarily received one—viz., emetics, warm baths, camphor, and opium, with oleaginous drinks and injections.

*Dr. J. Fletcher Little.*—Dublin or London Universities would answer the purpose of our correspondent. We should advise consideration before making any change of plan.

*Faculty.*—The qualification answers all purposes as a legal qualification in Surgery.

### TRANSFUSION APPARATUS.

*To the Editor of* THE LANCET.

SIR,—Having received a number of letters from your readers, asking where my transfusion apparatus may be obtained, would you oblige me by stating that it may be had from Messrs. Krohne and Sesemann, Duke-street, Manchester-square.

Faithfully yours,
Upper Wimpole-street, Aug. 12th, 1872. J. H. AVELING.

### MACARONI.

THIS, the national fare of Italy, deserves much more popularity than it enjoys among ourselves. Weight for weight, macaroni contains from two to three times as much flesh-forming material as good household bread. This is the opinion of eminent analytical chemists at home and abroad; while Dr. Hassall claims for it far more nutrient power than any of the cereals employed as food in this country. Now that butcher meat has become so high in price, the use of macaroni, as a substitute, twice or thrice a week deserves consideration. It is susceptible of varied culinary treatment, and is not only palatable and appetising, but of high nitrogenous value when cooked with cheese.

*Antiquary*, (Surrey.)—The particular inn at Epsom from which Dr. Arbuthnot witnessed the carriage accident to Prince George of Denmark, and came to the assistance of his Royal Highness, no longer exists.

*Enquirer.*—No.

*W. C. A.*—We cannot promise at present; but the paper shall receive due consideration.

### THE CLIMATE OF CANADA.

THE physicians of the Canadian Dominion are exerting themselves to vindicate the meteorological characters of their country, and to deflect thither the stream of emigration setting steadily past its shores. Dr. Hurlbert has just put forth a well-written pamphlet, in which he proves that there are vast areas in the new Dominion with climates and soils the best adapted for the chief staples of the temperate zones. By the aid of maps he shows that the zones of the grains and grasses on the eastern continent have their corresponding position on the western; while the temperature and rainfall in the best regions of those staples in Europe are less nearly paralleled in the United States than in Canada, which embraces the better part of the temperate zone, and the main region of the cereals, coarser grains, and grasses; while it is also the appropriate home of the ox, sheep, and horse. Indeed, for the staples of the temperate zones, Dr. Hurlbert says Canada is as superior to the United States as the Southern States are to the Northern ones for subtropical plants. These are facts worth knowing, particularly in Germany, whence emigration has flowed so steadily as to have cost it 1,799,853 of its population in thirty-five years; males forming the main body of this emigrant army, the female sex left behind are in an excessive majority, notwithstanding that (according to Prof. Roscher) many more males than females are born. The professor approves the policy of Miss Rye in sending the female, and not the male, portion of the community to colonise Canada, and sees in it the surest preventive against over-population.

*Capt. Coghill*, (19th Hussars.)—The interesting document shall receive consideration.

### CASE OF SUPPURATIVE HÆMATOCELE.

*To the Editor of* THE LANCET.

SIR,—I am reminded of a case of suppurative hæmatocele, which I find in my note-book as having occurred in my practice in the year 1864. A case somewhat similar is reported in a contemporary journal in July of this year at the Bristol General Hospital, under the care of Mr. Dobson. I send you the particulars of my case.

C. B——, aged sixty, healthy man, for many years has been the subject of hydrocele, and has been twice tapped for it. He received a severe blow in the scrotum, and very shortly it became black and swollen, and very tender. He was put to bed, and placed in the recumbent position, and warm applications were applied for a few days. Then a trocar and canula were plunged into the sac, with the hope of drawing off the fluid; but nothing escaped, and the scrotum was consequently freely laid open, and a large clot of coagulated blood escaped. The testis was in a state of cystic degeneration, and was consequently removed. The cord and tunica vaginalis were much thickened. A small portion of the scrotum was excised, as it put on a very unhealthy aspect. The lips of the wound were soon brought together, and lint and water-dressing used. Tonic treatment and opium were freely administered, and the man made an excellent recovery in a few weeks, and is now at work.

Your obedient servant,
Sible Hedingham, Essex, Aug. 12th, 1872. SIDNEY THORP.

### PARKS FOR THE PEOPLE.

IT is satisfactory to perceive evidences of an increasing appreciation by local authorities of the value and importance of open spaces near large centres of industry. The Town Council of Bradford have, it is announced, recommended the purchase of some seventeen acres of land at Horton, for the purpose of forming a public park and recreation ground. There can be no doubt, we think, that familiarity with the pure air and sweet scents of parks and gardens will render the humbler denizens of crowded cities less tolerant of evil smells and foul emanations at home, and will thus, in this indirect but effectual manner, operate as an important auxiliary to the sanitary officer.

*Anæsthetia.*—Our correspondent might with advantage refer to a series of articles published in THE LANCET (vol. i., pp. 770, 840; vol. ii., p. 16, 1870), in which the whole subject was fully discussed, in reference both to the history of the various anæsthetic agents, and the value of the respective claims to priority of their introducers.

### SPONTANEOUS GENERATION OF DOCTORS.

*To the Editor of* THE LANCET.

SIR,—Your able remarks on foreign degrees induce me to request of you a small space to notice the remarkable creation of doctors that has been going on for some time past in the columns of your weekly contemporary, the *Chemical News*. Almost every foreign name in that journal for the last year or two has the prefix of "Dr."; and as many of these German and French gentlemen are personally known to me, I can assure you they would be more surprised than pleased if they saw themselves thus decorated by an unknown hand. British subjects, for palpable reasons, are not so honoured. It is clear that the editor is jealous of doctors generally; and in thus creating an abundant and fictitious flock of foreign doctors, he intends, no doubt, to throw a slur upon the titles obtained at foreign Universities by many of your most distinguished professors, and more especially your distinguished chemists. Pray allow me to expose this practice in the columns of your widely-read journal, and believe me, Sir,

Your constant reader and obedient servant,
L. STEIN, M.D.,
Demonstrator of Anatomy in the University of
Brighton, Aug. 14th, 1872. Copenhagen.

*L. D. P.*—Such proceedings may satisfy Scotch law and public opinion, but not English. Our correspondent may make complaints to the Procurator Fiscal, or, this failing, to the Home Secretary. He will not get credit for perfect disinterestedness; but that is not an objection which should deter him if he thinks the investigation really inadequate to decide as to the mode of death

### SOCIAL LIFE IN INDIA.

DR. GOPAUL CHUNDER ROY has made a welcome and much-needed addition to our knowledge of the social condition of our fellow-subjects in Hindostan by his lecture delivered at the rooms of the Social Science Association on the 9th inst. The picture drawn by the lecturer of the life of the Hindoos was a dark one—all the darker by reason of its contrast with the bright hues employed in depicting the doctor's experiences in England. The studies and training of physicians are, no doubt, of a nature to confer increased value on their observations of national customs, and on their estimate of the position occupied by communities in the scale of civilisation. And though some of the statements made by Dr. Chunder Roy were not suffered to pass unchallenged by his audience, yet we feel justified in characterising the lecture as one worthy of being pondered by all who are interested in the actual condition and progress of the human race.

*A. Woolsey Blacklock.*—Such qualifications are recognised for Poor-law appointments.

### ERYTHROXYLON COCA.

*To the Editor of* THE LANCET.

SIR,—In reply to "Ishmael," will you allow me to say that I believe the only place where erythroxylon coca is to be obtained is at the English and Foreign Pharmacy, Warwick-street, Regent-street; but, owing to its scarcity, the price is nearly double what I stated. When the stimulating power of the plant, far superior to that of tea, becomes more generally known, the demand will induce importation, and consequently lower the price.

Yours faithfully,
Leicester-street, Regent-street, Aug. 14th, 1872. RICHARD VERITY.

*Anti-Humbug's* clever and amusing letter certainly hits some blots in the publication referred to. Why not communicate with the compilers at once?

*Theta.*—Such an addition is not in good taste.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Aveling; Mr. John Gay; Dr. C. Theodore Williams; Dr. Struthers, Aberdeen; Dr. Crystal, Canterbury; Mr. Morley; Dr. Neale; Mr. Watts; Dr. Barclay, Banff; Mr. Mumford; Mr. Renton; Dr. Blacklock, Godalming; Dr. Lowe, Sedgefield; Mr. Lucas; Dr. Arnison, Newcastle; Dr. Ross, Monaghan; Dr. Burrows, Bristol; Mr. Thompson, Islington; Mr. Cole; Dr. Pratt, Appledore; Dr. Smith, Haverstock-hill; Messrs. Clarke, Bleasdale, & Co., York; Dr Miller, Edinburgh; Mr. Macadam; Dr. Catty, Montego Bay; Dr. Davidson, Aberdeen; Dr. Bell, Edinburgh; Dr. Thorp; Mr. Lyell; Mr. Elwin, Bristol; Mr. Hewitt, Darlington; Mr. Horton, Trowbridge; Dr. Nursey, Sunderland; Mr. E. Hunt, Colchester; Mr. Croft, Bicester; Mr. Henry, Deal; Mr. B. Brown, Manchester; Mr. Addy; Mr. Denham, Southsea; Mr. Keene, Stamford; Mr. Pulman, Exeter; Mr. J. S. Brazier, Aberdeen; Mr. W. Ralph; Mr. Jones, Carnarvon; Mr. Porter, Sheffield; Mr. Hopgood, Sunderland; Dr. Mackintosh, Southsea; Mr. Claremont; Dr. Montini, Cremona; Dr. Crombie; Mr. J. Hooper; Mr. Poole, Dudley; Mr. H. Green; Dr. Wardell, Tunbridge Wells; Mr. A. H. Chrystie, Cullen; Mr. Bridson, Douglas; Mr. Williams; Mr. Warren, Chepstow; Dr. Dorsey, Ipswich, Queensland; Mr. Milligan, Wirksworth; Mr. Gibbs, Rathdrum; Mr. Kingsford; Mr. Corner, Buxton; Mr. Foster, Wareham; Mr. Marten, Oswestry; Mr. Wilson, Bowden; Mr. Verity; Dr. Haldane, Edinburgh; Dr. Nesbitt, Tunbridge Wells; Mr. Greene, Chelmsford; Dr. S. Westropp, Limerick; Mr. Whitaker, Derby; Mr. Brooks, Wallingford; Dr. Wolfe, Glasgow; Dr. Stein, Brighton; Mr. Hocking; Dr. Fairbank, Lynton; Dr. Bell, St. Andrews; Mr. Bowker, Newcastle, N.S.W.; Mr. S. Dollman, Worcester; Mr. Young, Birmingham; Mr. J. Woodleigh; Mr. Matthews, Southend; Mr. Morrison, Balloch; Mr. Stevens, Biggleswade; Mr. Jones, Newtown; Mr. Brunton, Great Yarmouth; Dr. W. H. Edwards, Antigua; Mr. Howell, Winchester; Mr. Peters, Ormskirk; Mr. Mansell, Tiverton; Mr. Deverell, Eye; Mr. Reed; Captain Coghill, Sandgate; Mr. Houghton; South Hornsey; Omega; Scoparius; Faire sans dire; Enquirer; J. A. H.; A Subaltern Doctor; The Surveyor of the Teddington Board of Works; Celsus; A. B. C.; F. L. S.; Faculty; X.; M.R.C.S. and L.S.A.; Accident; Theta; D. E. F.; &c. &c.

*Cumberland Advertiser, Australasian, Lincolnshire Chronicle, Surrey Comet, Trelawny* (Jamaica), *Tunbridge Wells Journal, Melbourne Argus, Runcorn Guardian, New South Wales Medical Gazette, Australian Medical Journal, Times and Mines* (Melbourne), *Irish Times, County Union* (Jamaica), and *Melbourne Daily Telegraph* have been received.


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